

N 16 00000 5444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

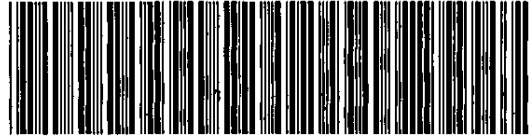
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/23/16--01055--009 **78.75

FILED
16 MAY 23 PM 4:00
CLERK OF THE COURT
JULIA A. HARRIS

5/31/14

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: CitiCredit Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Edward Stahlin
Name (Printed or typed)

315 W Huron St STE 240
Address

Ann Arbor, MI 48103
City, State & Zip

877-281-6496
Daytime Telephone number

documents@directincorporation.com
E-mail address: (to be used for future annual report notification)

FILED
16 MAY 23 PM 4:00
TALLAHASSEE, FL
DIVISION OF CORPORATIONS
STATE OF FLORIDA

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: CitiCredit Inc.

FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3458 Lakeshore Drive

Tallahassee, FL

32312

Mailing address, if different is:

16 MAY 23 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FL 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide debt solutions through counseling, administrative services, credit budgeting, credit repair, credit management and debt management plans.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: is set out in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sukhbir Singh Name and Title: _____

Address 45 Overlea Blvd, Unit B14 Address: _____

Toronto, ON

M4H1c3

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Universal Registered Agents, Inc.

Address: 3458 Lakeshore Dr.

Tallahassee, FL 32312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sukhbir Singh

Address: 45 Overlea Blvd, Unit B14

Toronto, ON M4H1c3

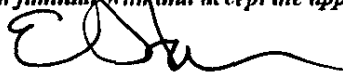
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

5-16-16

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.133, F.S.



Required Signature of Incorporator

5-16-16

Date

FILED
16 MAY 23 PM 4:00
TALLAHASSEE, FLORIDA