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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

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**FLORIDA PROFIT/NON PROFIT CORPORATION
CREDIT CAFE 4U INC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
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LAZARUS CORPORATE

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July 23, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations
LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: CREDIT CAFE 4U INC
REF: W18000066713

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

FAX Aud. #: H18000210757
Letter Number: 518A00015042

P.O BOX 6327 - Tallahassee, Florida 32314

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

H18000210757

ARTICLE I NAME

The name of the corporation shall be:

CREDIT CAFE' 4U INC**ARTICLE II PRINCIPAL OFFICE**Principal street address:7099 SW 23 ST# 109MIAMI, FL 33155

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

consultation, guidance,
training on how to maintain
good status on your credit
report & score. Applying for
grants to help our vets & low
income people repair their credit.**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

By
the by laws**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

Negelis CAMERO (PRES)

Name and Title:

Address

7099 SW 23 ST

Address:

109MIAMI, FL 33155

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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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:

Magalis Camejo

Address:

7099 SW 23 ST #109

Miami FL 33155

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Magalis Camejo

Address:

7099 SW 23 ST #109

Miami F 33155

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_____
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.817.155, F.S.

Required Signature of Incorporator_____
Date

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