

N98000000592

TRANSMITTAL LETTER

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

SUBJECT: " NORTH DADE COUNSELING SERVICES, 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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: MARCELA A. CRESSI

Name (printed or typed)

7370 NW 36th Street, Suite # 408 B

Address

Miami, Fl. 33166

City, State & Zip

(305) 716-9874

Daytime Telephone number

George GAVE
AUTHORIZATION BY PHONE TO

CORRECT corp name to North Dade Counseling Services, Inc.

DATE 2/3/98

COC. EXAM BB

600002417526-1

-01/30/98-01086-009

*****78.75 *****78.75

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98 JAN 30 AM 8:53
DEPT. OF STATE
TALLAHASSEE, FLORIDA

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

B. BROCK FEB 03 1998

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I

Name

The name of the corporation shall be:

NORTH DADE COUNSELING SERVICES, INC.

ARTICLE II

Principal place of business and mailing address

The principal place of business and mailing address of this corporation shall be:

7370 NW 36th Street Suite # 408 B
Miami, Fl. 33166

ARTICLE III

Purpose(s)

The specific purpose(s) for which the corporation is organized is(are):

"Provide clients/individuals with, Budget Planning, Financial advise
Credit Counseling, Debt Negotiation and debt Consolidation"

ARTICLE IV

Manner of election of directors

The manner in which the directors are elected or appointed is as follows:

Election of Directors will be stated in the by-laws

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Limitation of corporate powers

~~HA~~

Initial registered agent and street address

Miami , Fl. 33166

Incorporators

Miami, FL, 33166

Signature of Incorporator: _____

Marcela Cressi
Typed name of incorporator signing

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

NORTH DADE COUNSELING SERVICES, INC.
(must include suffix)

2. The name and address of the registered agent and office is:

MARCELA A CRESSI
(NAME)

7370 NW 36th Street. Suite # 408 B
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

MIAMI, FLORIDA. 33166
(CITY/STATE/ZIP)

CLERK OF STATE
TALLAHASSEE, FLORIDA

98 JAN 30 AM 8:53

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)

01 / 29 / 98
(DATE)