

PO0000018064

TRANSMITTAL LETTER

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

900003137599--2
-02/16/00--01075-003
*****78.75 *****78.75

SUBJECT: Advanced Credit 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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Alissa D. Williams
Name (Printed or typed)

646 SE 31 TE
Address

Ocala, FL 34471
City, State & Zip

(352) 624-1121
Daytime Telephone number

FILED
00 FEB 16 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2-2
WC

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The Name of the corporation shall be: Advanced Credit Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

646 SE 31 TE
Ocala, FL 34471

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: Ten Thousand (10,000).

ARTICLE IV INITIAL REGISTERED AGENT

The name and Florida street address of the initial registered agent is:

Stephen M. Williams
646 SE 31 TE
Ocala, FL 34471

ARTICLE V INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation are:

Alissa D. Williams – President
646 SE 31 TE
Ocala, FL 34471



Signature/Incorporator

2/14/00

Date

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/Registered Agent

2/14/00

Date

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TALLAHASSEE, FLORIDA