

TRANSMITTAL CENTER
P00000031467

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

3000003183283--2
-03/24/00-01079-005
*****78.75 *****78.75

SUBJECT: ECollect2000 ~~INC.~~ 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: ECollect2000 INC.
Name (Printed or typed)

2699 Stirling Rd # B 303
Address

Ft Lauderdale, FL 33312
City, State & Zip

954 893-8868
Daytime Telephone number

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

FILED
00 MAR 24 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3-29
WC

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

ECollect2000 INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2699 Stirling Rd B-303
Ft Lauderdale, FL 33312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Collections

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

MARTIN CHAPMAN
2699 Stirling Rd
Fort Lauderdale FL 33312
Art Guzman
2699 Stirling Rd B-303
Fort Lauderdale, FL 33312

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

Art Guzman
2699 Stirling Rd B-303
Fort Lauderdale FL 33312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

Martin Chapman
2699 Stirling Rd B-303
Fort Lauderdale, FL 33312

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

Signature/Incorporator

Date

Date

FILED
00 MAR 24 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FL 09001