

P 000000 61690

TRANSMITTAL LETTER

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

SUBJECT: CSA Credit Corporation
(Proposed corporate name - must include suffix)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

00 JUN 22 AM 11:06

FILED

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: William NEGRO
Name (Printed or typed)

15476 N.W. 77th # 403
Address

Miami, FL 33016
City, State & Zip

305-882-7007
Daytime Telephone number

000003301050--5
-06/22/00--01060--005
*****70.00 *****70.00

F. CHESSEMAN JUN 2, 6 2000

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

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:

CSA Credit Corporation

ARTICLE II PRINCIPAL OFFICE

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

15476 N.W. 77 Ct #403
Miami Lakes, FL 33016

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

WILLIAM NEGRO
15476 N.W. 77 Ct #403
Miami, FL 33016

ARTICLE V INCORPORATOR

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

WILLIAM NEGRO
15476 N.W. 77 Ct #403
Miami, FL 33016




Signature/Incorporator



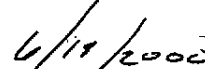
Date

(An additional article must be added if an effective date is requested.)

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



Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED