## POODOOOP98182

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

700903414667---5 70090360-5054--023 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75

SUBJECT: Credit Solutions International, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an origin	nal and one(1) copy of the article	es of incorporation and a	check for:			
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Co & Certificat Status  PY REQUIRI	te of		
	J. Gradory T Name (F	Printed or typed)  Maclin Aug.		SECKETARY	00 OCT 18	FILED
	Kan Lurdi	Address  FL 330  State & Zip	)37_	OF STATE E. FLORIDA	PM 12: 38	D
	(50b) 753°C	Felenhone number	<del></del>			

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

T. Burch TOCT 1 A none



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 6, 2000

J. GREGORY TOLPIN 36 S.E. MARLIN AVE KEY LARGO, FL 33037

SUBJECT: CREDIT SOLUTIONS INTERNATIONAL, INC.

Ref. Number: W00000024353

We have received your document for CREDIT SOLUTIONS INTERNATIONAL, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

You must list at least one incorporator with a complete business street address.

Please list the street address of each officer/director.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6928.

Tim Burch Document Specialist

Letter Number: 700A00053134

Signature/Incorporator