

PO00000105793

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 922-4001

From: Account Name : BIZCORP INTERNATIONAL INC.  
Account Number : I19990000093  
Phone : (561) 776-2277  
Fax Number : (561) 776-2266

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TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

MyCreditMedic Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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## **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:**

**MyCreditMedic Inc.**

### **ARTICLE II - PRINCIPAL OFFICE**

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

**7326 Lake Worth Rd.  
Lake Worth, FL 33467**

### **ARTICLE III - SHARES**

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

**1,000 shares of common stock, no par value.**

### **ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS**

**The name and address of the initial registered agent is:**

**Paul Mule  
7326 Lake Worth Rd.  
Lake Worth, FL 33467**

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**ARTICLE V - INITIAL DIRECTOR(S)**

**The names and addresses of the initial members of the corporation's Board of Directors are:**

**Paul Mule  
7326 Lake Worth Rd.  
Lake Worth, FL 33467**

**ARTICLE VI - INCORPORATOR**

**The name and street address of the incorporator to these Articles of Incorporation is:**

**1<sup>ST</sup> INCORPORATORS, LLC  
7100-39 Fairway Drive  
Suite 200  
Palm Beach Gardens, FL 33418**

**The undersigned incorporator has executed these Articles of Incorporation this 6th day of October, 2000.**

**1<sup>ST</sup> INCORPORATORS, LLC**

**By:**



**Stephen Levy  
(Manager)**

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

**PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:**

**MyCreditMedic Inc.**

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

**Paul Mule  
7326 Lake Worth Rd.  
Lake Worth, FL 33467**

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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.*

  
\_\_\_\_\_  
**Paul Mule**

10-6-00  
**(Date)**

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