

Florida Department of State,

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 120000000195 : (850)521-1000 Phone

(850)521-1030 Fax Number

FLORIDA PROFIT CORPORATION OR P.A.

CREDIT RITE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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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: Credit Rite, Inc., A Florida Corporation

ARTICLE II PRINCIPAL OFFICE

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

3101 N. University Drive, #202A, Coral Springs, Florida 33065

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Barry M. Sickles, Esq.

3300 University Drive Suite #210, Coral Springs, Florida 33065

ARTICLE V INCORPORATOR

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

Marvin Kessler

6999 Charleston Court, Margate, Florida 33063

ARTICLE VI INITIAL DIRECTORS OF THE CORPORATION

President: Marvin Kessler

Vice President: Andrea Schulman Kessler

DIVISION OF CORPORATIONS

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Signature/Incorporator

Signature/Incorporator Marvin Kessler 1/12/01 Date

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

Having been named as registered agent ant 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

Barry M. Sickles, Esq.

Date