

PD100000/4630

TRANSMITTAL LETTER

FILED
FEB -7 PM12:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

SUBJECT: Receivable Acquisition Corporation
(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: Karla L. Brown
Name (Printed or typed)

600 S.W. 4th ave #104
Address

Fort Lauderdale, FL 33315
City, State & Zip

972.769.2153 400003655974--4
Daytime Telephone number -02/07/01--01051--011
*****87.50 *****87.50

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

Done
2/8/01
2v

ARTICLES OF INCORPORATION
FOR
RECEIVABLE ACQUISITION CORPORATION

FILED

ARTICLE I

01 FEB -7 PM 12:02

THE NAME OF THE CORPORATION SHALL BE
RECEIVABLE ACQUISITION CORPORATION

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II

THE STREET ADDRESS OF THE REGISTERED OFFICE IS
600 SOUTH WEST 4TH AVENUE
SUITE 104
FORT LAUDERDALE, FLORIDA 33315

ARTICLE III

THE CORPORATION IS FORMED FOR THE PURPOSE OF
PURCHASING AND MAINTENANCE OF CHARGE AND LOAN ACCOUNTS AND
ANY OR ALL LAWFUL BUSINESS FOR WHICH CORPORATIONS MAY BE
INCORPORATED UNDER FLORIDA STATUTE CHAPTER 607 AND/OR 621

ARTICLE IV

THE NUMBER OF SHARES THAT THE CORPORATION IS AUTHORIZED TO
ISSUE IS ONE THOUSAND (1,000). THE PAR VALUE FOR EACH SHARE
SHALL BE ONE DOLLAR (\$1.00)

ARTICLE V

THE NAME OF THE INITIAL REGISTERED AGENT WILL BE KARLA L. BROWN
AND IS LOCATED AT 600 SOUTH WEST 4TH AVENUE SUITE 104. FORT
LAUDERDALE, FLORIDA 33315

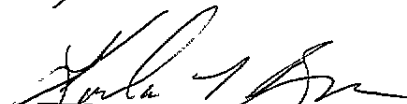
ARTICLE VI

THE NAME AND ADDRESS OF THE INCORPORATOR IS KARLA L. BROWN
AT 600 SOUTH WEST 4TH AVENUE SUITE 104, FORT LAUDERDALE,
FLORIDA 33315

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE
ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM
FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT
IN THIS CAPACITY.


SIGNATURE / REGISTERED AGENT

2-1-01
DATE


SIGNATURE / INCORPORATOR

2-1-01
DATE