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

SUBJECT:	InterLink	Credit	Services,	INC.
	(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 \$122.50

\$131.25

& Certificate

Filing Fee, Filing Fee & Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: M.L. J. Tax + Accounting, Inc.
Name (Printed or typed)

3140 Sherwood Blud.

561- 637- 4067

Daytime Telephone number

3/29/07

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

PHONE NO. : 561 637 4007

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ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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:

Interlink Credit Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

11478 Sanderling Drive Wellington, FL 33414

ARTICLE III SHARES

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

500 Shares

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

John Pellecchia 11478 Sanderling Drive Wellington, FL 33414

INCORPORATOR

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

John Pellecchia 11478 Sanderling Drive Wellington, FL 33414

Signature/Incorporator

(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