TRANSMITTAL LETTER

Department of State District of Grant Control of State

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

SUBJECT: Central Collection Associates Inc (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)							
300004420043—1 -06/14/0101066008 ******87.50 ******87.50 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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status				
FROM:	Crais D. Be	Canoff nted or typed)					
	<u>Clermont</u> City, si 407-832-	idress Late & Zip 6850 ephone number	SECRETARY OF STATE TALLAHASSEE, FLORIDA	T F D			

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

ARTICLES OF EXCORPORATION			=
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)			
ARTICLE I NAME			* ***
The name of the corporation shall be:			
Central Collection Associates Inc.			
ARTICLE II PRINCIPAL OFFICE			- 100
The principal place of business/mailing address is:			
15642 Greater Trul		O1 SE	
Clermont, FL 34711		CRE LA	
ARTICLE III PURPOSE		TAR N	
The purpose for which the corporation is organized is:		SER OF THE	
Debt Collection		FILED IUN 14 AM & TARY OF STAT HASSEE, FLORN	
ARTICLE IV SHARES The number of shares of stock is:	,:	94 100 100 100 100 100 100 100 100 100 10	
100			
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es):		·	· ··-
Charles A. Disjoucenna			
Craig D. Belanoff			
ARTICLE VI REGISTERED AGENT			
The name and Florida street address of the registered agent is:			-
Crais D. Belanoff			
15642 Greater Trail Clermont, FL 34711			
ARTICLE VII INCORPORATOR			
The <u>name and address</u> of the Incorporator is:	· -		
Charles Di Giovanna 600 River Birch	•		-
Clermont, FL. 34711			
***************************************	*****	******	****
Having been named as registered agent to accept service of process for the above stated co certificate, I am familiar with and accept the appointment as registered agent and agree to c	rporation at act in this cap	the place designated : pacity	in this
299		lula	
Signature/Registered Agent A	Date	110101	
(Harles Wi Grovanna	<i>-</i> /	, (,	
Signature/Incorporator	Date	16/0/	
- 4	Daig	/	