

TRANSMITTAL LETTER

P01000062732

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

SUBJECT: Debt Management Solutions, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

600004437686--5
-06/22/01--01083--012
*****78.75 *****78.75

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: Raymond E. Seelev
Name (Printed or typed)

2073 Eastwood Road
Address

Hilliard, FL 32046
City, State & Zip

(904) 845-2161
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN 22 AM 10:44

FILED

Raymond GAVE
AUTHORIZATION BY PHONE TO
CORP. ST. Incorp. Sign.
DATE 6-25-01
DOC. EXAM 7c

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

F. CHESSEN

JUN 22 2001

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Debt. Management Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2073 Eastwood Road
Hilliard, FL 32046

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Debt management

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Raymond E. Seeley
PO Box 654
2073 Eastwood Road
Hilliard, FL 32046-0654

Benjamin F. Street
9302 Hoke Drive
San Antonio TX 78254-2224

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Raymond E. Seeley
2073 Eastwood Road
Hilliard, FL 32046

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Raymond E. Seeley
PO Box 654
2073 Eastwood Road
Hilliard, FL 32046

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 /Incorporator

5-23-01
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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