

FROM : SOUTHEAST MEDICAL
Division of Corporations

FAX NO. : 305 2714421

Aug. 09 2001 03:25PM P1

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0381

From: Account Name : LORN LEITMAN, C.P.A.
Account Number : I19980000088
Phone : (305)279-8943
Fax Number : (305)271-4421

FLORIDA PROFIT CORPORATION OR P.A.

Capital Collection Services, Inc

Certificate of Status	1
Certified Copy	0
Page Count	01 (5)
Estimated Charge	\$78.75

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B. McKnight AUG 10 2001

FROM : SOUTHEAST MEDICAL

FAX NO. : 305 2714421
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ARTICLES OF INCORPORATION
OF
Capital Collection Services, Inc

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, does hereby adopt the following articles of incorporation:

ARTICLE I

The name of the corporation is Capital Collection Services, Inc.

ARTICLE II

The term of the existence of the corporation is perpetual. The inception date of the corporation and the day it began operations is August 9, 2001.

ARTICLE III

The general purpose for the corporation is to serve as a collection agency.

ARTICLE IV

The aggregate number of shares of stock which the corporation is authorized to issue is One Hundred (100).

ARTICLE V

The street address of the initial registered office and the principal place of business of the corporation is 7700 N Kendall Drive Suite 405 Miami, FL 33156 and the name of the agent at such address is : Lorn Leitman.

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Lorn Leitman, Esquire
Bar Number: 562238

7700 North Kendall Drive, Suite 405, Miami, FL 33156
(305) 279-8943 fax (305) 271-4421

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ARTICLE VI

The number of directors constituting the initial board of directors of the corporation is TWO (2). The name and address of the person/persons who is/are to serve as initial board are:

Name

Address

Lorn Leitman (P)

7700 N Kendall Dr #405
Miami, FL 33156

ARTICLE VII

The name and address of the person signing these articles of incorporation is:

Name

Address

Lorn Leitman (P)

7700 N Kendall Dr #405
Miami, FL 33156

Executed by the undersigned at Miami, Dade County, Florida on this 9th
day of August, 20 01.


Lorn Leitman

- 2 -

Lorn Leitman, Esquire
Bar Number: 562238

7700 North Kendall Drive, Suite 405, Miami, FL 33156
(305) 279-8943 fax (305) 271-4421

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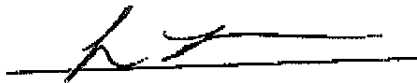
FROM : SOUTHEAST MEDICAL

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ACCEPTANCE BY REGISTERED AGENT:

Having been name to accept service of process for the above named corporation at a capacity place designated in these Articles of Incorporation, I hereby accept to act in this, and agree to comply with the provision of Chapter 48.091, Florida Statutes, relative to keeping open said office for service of process.

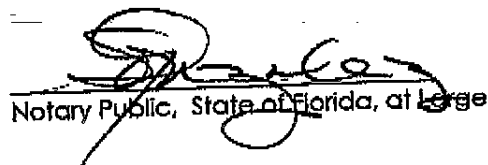


STATE OF FLORIDA)

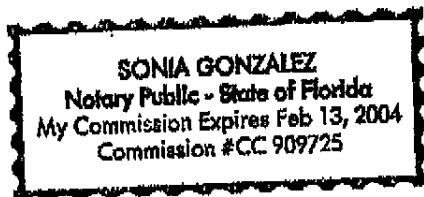
COUNTY OF DADE): SS :

Before me, the undersigned authority, personally appeared Lorn Leitman to me well known to be the person who executed the foregoing ARTICLES OF INCORPORATION and acknowledged before me, according to law, that he made and subscribed the same for the purposes therein mentioned and set forth

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 9th
day of August, 2001.


Notary Public, State of Florida, at Large

My Commission Expires:



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Lorn Leitman, Esquire
Bar Number: 562238

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FROM : SOUTHEAST MEDICAL

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**CERTIFICATE DESIGNATION (OR CHANGING) PLACE OF BUSINESS OR DOMICILE FOR
THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY
BE SERVED.**

In pursuance of Chapter 607.34 Florida Statutes, the following is submitted, in
compliance with said Act:

First - That Capital Collection Services, Inc., desiring to organize under the laws of the
State of Florida, with its principal office, as indicated in the articles of
incorporation at City of Miami,


County of Miami-Dade, State of Florida,

has named Lom Leitman
(Name of Registered Agent)

located at 7700 N Kendall Drive Suite 405

City of Miami, County of Miami-Dade

State of Florida, as its agent to accept service of process within this state.


ACKNOWLEDGMENT: (MUST BE SIGNED BY DESIGNATED AGENT)
Having been named to accept service of process for the above stated corporation, at
place designated in this certificate, I hereby accept to act in this capacity, and agree
to comply with the provision of said Act relative to keeping open said office.

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TALLAHASSEE, FLORIDA

Lom Leitman, Esquire
Bar Number: 562238

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