01000094108 TRANSMITTAL LETTER

Department of State **Division of Corporations**

P.O. Box 6327 Tallahassee, FL 32314

SUBJECT:

ACPL of Florida, Inc.

400004609114 -09/24/01--01127--010

*****70.00 *****70.00

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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:

Barbara Smith

Name

10405 289th St E,

Address

Myakka City, FL 34251

City, State & Zip

941-322-0022

Telephone

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:

ACPL of Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 10405 289th St E, Myakka, City, FL 34251

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All busines activities allowed by law including but not limited to outsourcing and debt collection.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (Optional)

The name(s), address(es) and title(s): None listed at this time.

ARTICLE VI REGISTERED AGENT

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

Barbara Smith, 10405 289th St E, Myakka City, FL 34251

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Barbara Smith, 10405 289th St E,, Myakka City, FL 34251

Having been named as the registered agent to accept service of process for the above state 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

Signature/Incorporator

9-20-2001 Date 9-20-2001