

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

P01000120928

All Debt Reduction Inc.

FILED

01 DEC 26 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

- ☒ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☐ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☐ Cert. Copy
- ☒ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search J. BRYAN DEC 26 2001
- ☐ UCC 11 Retrieval
- ☐ Courier

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

**ARTICLES OF INCORPORATION  
OF  
ALL DEBT REDUCTION INC.  
7765 -A U.S.1 HWY SOUTH  
TITUSVILLE, FL. 32780**

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**THE UNDERSIGNED SUBSCRIBER (s) TO THESE ARTICLES OF INCORPORATION, NATURAL PERSON (s) COMPETENT TO CONTRACT, HEREBY FORM A CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA.**

**ARTICLE I - CORPORATE NAME**

**THE NAME OF THE CORPORATE IS:**

**ALL DEBT REDUCTION INC.**

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**ARTICLE II - DURATION**

**THIS CORPORATION SHALL EXIST PERPETUALLY UNLESS DISSOLVED ACCORDING TO FLORIDA LAW.**

**ARTICLE III - PURPOSE**

**THE CORPORATION IS ORGANIZED FOR THE PURPOSE OF ENGAGING IN ANY ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF FLORIDA.**

**ARTICLE IV - CAPITAL STOCK**

**THE CORPORATION IS AUTHORIZED TO ISSUE FIVE HUNDRED SHARES ( 500 ) OF ONE DOLLAR (s) ( \$ 1.00 ) PAR VALUE COMMON STOCK, WHICH SHALL BE DESIGNATED "COMMON STOCK".**

**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT**

THE NAME AND ADDRESS OR THE INITIAL REGISTERED AGENT OF THIS CORPORATION IS:  
NAME: DAVID MOISDON \_\_\_\_\_

ADDRESS: 7765 - A HWY U.S. 1 SOUTH \_\_\_\_\_

CITY: TITUSVILLE \_\_\_\_\_, FLORIDA \_\_\_\_\_ ZIP 32780

**ARTICLE VI - INITIAL BOARD OF DIRECTORS**

THIS CORPORATION SHALL HAVE ONE (1) DIRECTORS INITIALLY.  
THE NUMBER OF DIRECTORS MAY BE INCREASED OR DIMINISHED FROM TIME TO TIME BY THE  
BY-LAWS, BUT SHALL NEVER BE LESS THAN ONE (1). THE NAMES AND ADDRESS OF THE INITIAL  
DIRECTOR(S) OF THE CORPORATION ARE AS FOLLOWS:

NAME: DAVID MOISDON \_\_\_\_\_

ADDRESS: 7765 - A HWY U.S. 1 SOUTH \_\_\_\_\_

CITY: TITUSVILLE \_\_\_\_\_, FLORIDA \_\_\_\_\_ ZIP 32780

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_, FLORIDA \_\_\_\_\_ ZIP \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_, FLORIDA \_\_\_\_\_ ZIP \_\_\_\_\_

**ARTICLE VII - INCORPORATORS**

THE NAME AND ADDRESSES OF THE PERSON(S) SIGNING THESE ARTICLES OF  
INCORPORATION ARE AS FOLLOWS:

NAME: DAVID MOISDON \_\_\_\_\_

ADDRESS: 7765 - A HWY U.S. 1 SOUTH \_\_\_\_\_

CITY: TITUSVILLE \_\_\_\_\_, FLORIDA \_\_\_\_\_ ZIP 32780

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_, FLORIDA \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_, FLORIDA \_\_\_\_\_ ZIP \_\_\_\_\_

IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCRIBER (S) HAVE EXECUTED THESE ARTICLES

OF INCORPORATION THIS 18 DAY OF Dec. 2001

X. David Meisden (SEAL)

\_\_\_\_\_  
(SEAL)

\_\_\_\_\_  
(SEAL)

STATE OF FLORIDA )

SS

COUNTY OF Brevard )

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE ACKNOWLEDGEMENTS IN THE STATE AND COUNTY SET FORTH ABOVE PERSONALLY APPEARED

DAVID MEISDEN

KNOWN TO ME AND KNOWN TO BE THE PERSON (S) WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION, AND WHO ACKNOWLEDGE BEFORE ME THAT  
EXECUTED THESE ARTICLES OF INCORPORATION.

IN WITNESS WHEREOF, I HAVE HEREUNTO AFFIXED MY HAND AND SEAL, IN THE STATE AND COUNTY AFORESAID THIS 18 DAY OF Dec. 2001



Cecil Wilson  
MY COMMISSION # CC793815 EXPIRES  
November 29, 2002  
BONDED THRU TROY FARM INSURANCE, INC.

(NOTARY SEAL)

Cecil Wilson

(NOTARY PUBLIC, STATE OF FLORIDA AT LARGE)

MY COMMISSION EXPIRES: \_\_\_\_\_

**CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT**

**OF  
ALL DEBT REDUCTION INC.**

*(name of corporation)*

**PURSUANT TO FLORIDA STATUTE SECTIONS 48.091 AND 607.304, THE FOLLOWING SUBMITTED:**

**THE ABOVE CORPORATION, DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF  
FLORIDA WITH ITS REGISTERED OFFICE AS INDICATED IN THE ARTICLES OF INCORPORATION**

**AT 7765 - A HWY U.S. 1 SOUTH  
TITUSVILLE, FL 32780**

**HAS NAMED DAVID MOISDON**

**LOCATED AT THE AFORESAID ADDRESS, AS ITS REGISTERED AGENT TO ACCEPT SERVICE OF  
PROCESS WITHIN THIS STATE.**

**ACKNOWLEDGEMENT**

**HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION  
AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT TO ACT IN THIS CAPACITY,  
AND AGREE TO COMPLY WITH THE PROVISIONS OF FLORIDA LAW IN KEEPING OPEN SAID OFFICE.**

  
*(registered agent)*

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