# P0200062375 TRANSMITTAL LETTER

SECRETARY OF STATE TALLAMASSEE, FLORIDA

02 JUN -5 PH 4: 19

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

Enclosed are an orig	ginal and one (1) copy of the arti		d a check for:			
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED			
FROM:	Stephanie M. Spirk  Name (Printed or typed)  5460 NE 11 45 Ave. 8000056925888 -06/05/02-01047-005  Address *****78.75					
	Ocala, FL 3	State & Zip				

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



ARTI	CLES	OF	INCO	RPOI	RAT	ION
7	**		-			

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

SECRETARY OF STATE TALLAR SSEE FLORIDA

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#### ARTICLE I NAME

The name of the corporation shall be:

Credit Repair Concepts, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5440 NE 11th Arc. Ocala, FL 34479

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any all business purposes.

#### ARTICLE IV SHARES

The number of shares of stock is: 10,000

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Stephanie M. Spink, 5460 NE 11th Ave. Ocala FL 34479 Pres.

# ARTICLE VI REGISTERED AGENT

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

Stephanie M. Spink, 5460 NE 11+3 Ave. Ocala, FL 34479

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Stephanie M. Spink, 5440 NE 11th Au. Ocale, FL 34479

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

Sent

Signature/Incorporator

06/01/02

101/0-

Date