

PD20000129667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

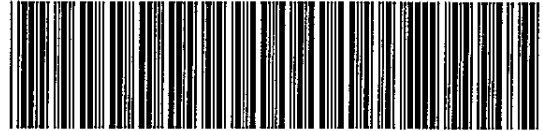
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02 DEC 10 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: United Debt Relief, Inc.

(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: Michael Potts

Name (Printed or typed)

26348 US Hwy 19 N

Address

Clearwater, FL 33761

City, State & Zip

727-799-0742

Daytime Telephone number

727-216-0314

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

This affidavit accompanies the transmittal letter and articles of incorporation for a new corporation in the State of Florida. The new corporation is going to use the same name as a corporation that was administratively dissolved. (FEI 59-3754141).

The owners of the old corporation have no intention of reinstating and request approval to use the same name.

A handwritten signature in black ink, appearing to read 'Michael Potts', is written over a horizontal line.

Michael Potts, President
United Debt Relief, Inc.

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:

United Debt Relief, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

26348 US Hwy 19 N, Clearwater, FL 33761

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose for which the Corporation is organized is for consumer counseling regarding debt consolidation.

ARTICLE IV SHARES

The number of shares of stock is:

10,000 shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

(P) Michael Potts, 416 Pinewood Drive, Oldsmar, FL 34677, Neuy Potts, 416 Pinewood Drive, Oldsmar, FL 34677.

ARTICLE VI REGISTERED AGENT

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

Jean Otenberger, 3780 Tampa Road, Oldsmar, FL 34677

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael Potts, 416 Pinewood Drive, Oldsmar, FL 34677

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

Jean Otenberger
Signature/Registered Agent

[Signature]
Signature/Incorporator

11/22/02
Date

12/6/02
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 DEC 10 PM 12:49

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