

P03000133134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

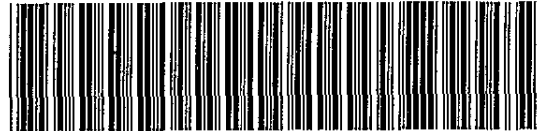
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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10/24/03--01042--012 \*\*87.50

**INEFFECTIVE DATE**  
11-1-03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 OCT 24, PM 1:17

FILED

w03-32269

11/17

# TRANSMITTAL LETTER

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

SUBJECT: The Debt Doctor, Inc.

Enclosed is 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

\$87.50  
Filing Fee,  
Certified Copy  
Certificate of Status

FROM: CREDIT UNDERWRITERS, INC.  
15642 LIGHTBLUE CIRCLE  
FT MYERS, FL 33908  
(239) 482-4484

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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

November 3, 2003

CREDIT UNDERWRITERS, INC.  
15642 LIGHTBLUE CIRCLE  
FT. MYERS, FL 33908

866-482-4485 (TOLL FREE)

SUBJECT: THE DEBT DOCTOR, INC.  
Ref. Number: W03000032269

We have received your document for THE DEBT DOCTOR, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

An effective date may be added to the Articles of Incorporation **if a 2004 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6972.

Doris Brown  
Document Specialist  
New Filings Section

Letter Number: 503A00059803

REC'D  
TALLAHASSEE, FLORIDA

03 NOV 14 PM 4:41

RECEIVED

ARTICLES OF INCORPORATION  
OF

**The Debt Doctor of SW Florida, Inc.**

FILED

03 OCT 24 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**EFFECTIVE DATE**  
11-1-03

The undersigned incorporator(s), for the purposes of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I**

The name of the corporation shall be:

**The Debt Doctor of SW Florida, Inc.**

**ARTICLE II-PRINCIPAL OFFICE**

The initial principle place of business and mailing address of this corporation shall be:

230 NE 23rd Ave  
Cape Coral, FL 33909

**ARTICLE III-PURPOSE**

The purpose for which the corporation is organized is to engage in, conduct and carry on any and all lawful business and do all things appropriate for rendering the services required in conjunction therewith, or lawfully allowed.

**ARTICLE IV-CAPITAL STOCK**

The aggregate number of shares which this corporation shall have authority to issue is 100 common shares, having a par value of \$1 per share.

**ARTICLE V-INITIAL BOARD OF DIRECTORS**

The corporation shall have 2 director(s) initially. The number of directors may be either increased or diminished from time to time by the by-laws, but shall never be less than one. The name and address of the initial directors of this corporation are:

**Mr. Russell McClosky**  
**230 NE 23rd Ave**  
**Cape Coral, FL 33909**

**Debora McClosky**  
**230 NE 23rd Ave**  
**Cape Coral, FL 33909**

**ARTICLE VI-INITIAL REGISTERED AGENT AND ADDRESS**

The street address of the initial registered office of this corporation is: **230 NE 23rd Ave; Cape Coral, FL 33909** and the name of the initial registered agent of this corporation at that address is:

**Mr. Russell McClosky**

**ARTICLE VII-INCORPORATOR**

The name and street address of the incorporator to these Articles of Incorporation is:

**Mr. Russell McClosky**  
**230 NE 23rd Ave**  
**Cape Coral, FL 33909**

**ARTICLE VIII-DURATION**

The period or duration of this corporation shall be perpetual. Commencing Novemebr 1, 2003.

**ARTICLE IX-BY-LAWS**

The power to adopt, alter, amend or repeal by-laws shall be vested in the Board of Directors and the Shareholders.

**ARTICLE X-AMENDMENT**

The corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation or any amendment to them, and any right conferred upon the shareholders is subject to this reservation.

In witness whereof, the undersigned subscriber has executed these Articles of Incorporation on the 21<sup>st</sup> day of October, 2003.

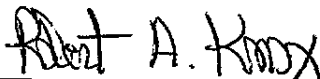
  
Mr. Russell McClosky

**STATE OF FLORIDA  
COUNTY OF LEE**

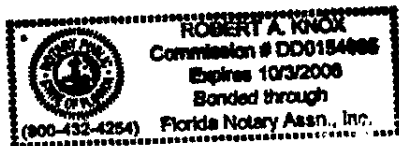
Before me, the undersigned authority, personally appeared Mr. Russell McClosky known to me and known to me to be the subscriber in the above cause and acknowledged before me that the facts and matters contained in the foregoing articles of incorporation are true.

Witness my hand and official seal in the county and state last aforesaid this 21<sup>st</sup> day of October, 2003.

SEAL:



NOTARY PUBLIC, STATE OF FLORIDA



**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

**The Debt Doctor of SW Florida, Inc.**

2. The name and address of the registered agent and office is:

Mr. Russell McClosky  
230 NE 23rd Ave  
Cape Coral, FL 33909

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
\_\_\_\_\_  
(Signature)

10/27/2003  
(Date)

03 OCT 24 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA