

P04000071005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

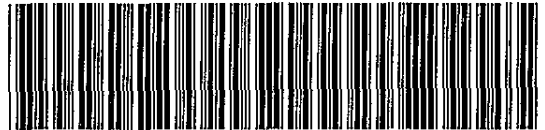
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05-33-09
4

TRANSMITTAL LETTER

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

SUBJECT: Credit Solutions In America, 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: Bethoyia Keizie Powell

Name (Printed or typed)

934 N. UNIVERSITY DRIVE, PMB 425

Address

Coral Springs, Florida 33071

City, State & Zip

(954) 270-1541

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 14, 2004

BETHOYIA KEIZIE POWELL
934 N UNIVERSITY DRIVE PMB 425
CORAL SPRINGS, FL 33071

SUBJECT: CREDIT SOLUTIONS IN AMERICA, INC.
Ref. Number: W04000014480

We have received your document for CREDIT SOLUTIONS IN AMERICA, 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 registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

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) 245-6928.

Tim Burch
Document Specialist
New Filings Section

Letter Number: 004A00024631

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:

CREDIT SOLUTIONS IN AMERICA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

934 N UNIVERSITY DRIVE
PMB 425
CORAL SPRINGS, FLORIDA 33071

3370 HOOVER Bay Dr
Unit 506
Aventura FL 33180

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO CONDUCT ANY/OR ALL ALLOWABLE TRANSACTIONS IN
COMPLIANCE WITH CHAPTER 607 AND/OR CHAPTER 621 OF THE
FLORIDA BUSINESS STATUTES.

ARTICLE IV SHARES

The number of shares of stock is:

ONE (1,000) THOUSAND @ PAR VALUE OF ONE (\$1.) DOLLAR
EACH.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

BETHOYIA KEIZIE POWELL, FOUNDER/VICE-PRESIDENT/DIRECTOR
934 N UNIVERSITY DRIVE, PMB 425
CORAL SPRINGS, FLORIDA 33071

3370 HOOVER Bay Dr
Unit 506
Aventura FL 33180

ARTICLE VI REGISTERED AGENT

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

BETHOYIA KEIZIE POWELL
934 N UNIVERSITY DRIVE, PMB 425
CORAL SPRINGS, FLORIDA 33071

3370 HOOVER Bay Dr
Unit 506
Aventura FL 33180

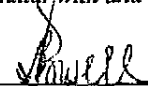
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BETHOYIA KEIZIE POWELL
934 N UNIVERSITY DRIVE, PMB 425
CORAL SPRINGS, FLORIDA 33071

3370 HOOVER Bay Dr
Unit 506
Aventura FL 33180


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

04/02/2004

Date



Signature/Incorporator

04/02/2004

Date

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04 APR 30 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA