

PO4000167854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF CALIFORNIA
DIVISION OF REVENUE

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CAPITAL CONNECTION, INC.

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

Direct Lending Services Inc

Signature _____

Requested by: AW

Name _____

Date 12/13

Time _____

Walk-In _____

Will Pick Up _____

- ☒ 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 _____
- ____ UCC 11 Retrieval _____
- ____ Courier _____

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:

DIRECT LENDING SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

PHYSICAL ADDRESS: 28870 U.S. HWY. 19 NORTH
SUITE 322
CLEARWATER, FL 33761

MAILING ADDRESS: 2519 McMullen Booth Rd.
SUITE 510-298
CLEARWATER, FL 33761

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO CONDUCT MULTIPLE TYPES OF LEGAL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

JEFF W. ROBINSON, CEO
104 LAKEVIEW CT.
OLDSMAR, FL 34677

LES MERKER, PRESIDENT
625 FAYETTE DR. S.
SAFETY HARBOR, FL 34695

ARTICLE VI REGISTERED AGENT

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

JEFF W. ROBINSON
104 LAKEVIEW CT.
OLDSMAR, FL 34677

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LES MERKER,
625 FAYETTE DR. S.
SAFETY HARBOR, FL 34695

04 DEC 14, PM 12:14
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

12/10/04

Date



Signature/Incorporator

12/10/04

Date