P040001699449

(Re	equestor's Name)	
(Ac	ldress)	
(Address)		
(Ci	ty/State/Zip/Phone	: #)
_	_	_
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
Special Instructions to Filing Officer:		

Office Use Only



700042709907

12/01/04--01010--007 **78.75

SECRETARY OF STATE
TALLAHASSEE TLERIDA

112/21

TRANSMITTAL LETTER

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

SUBJECT:	BANKENPTCY A (PROPOSED CORPORA)	SSISTADCE TENAME-MUST INCLU			
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 ADDITIONAL COI	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM: ANESKA C. MITCHELL					
Name (Printed or typed)					
Z715 W. FAIRBANILS, SUITE ZOI					
WISTORARY FC 32789 City, State & Zip					
407.772.2424					

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

Daytime Telephone number



RECEIVED

FLORIDA DEPARTMENT OF STANFOEC 20 PM 2: 44

Glenda E. Hood Secretary of State

December 7, 2004

OF PARTMENT OF STATE
VISION OF CORPORATIONS
UNLEARLISHED.

ANESKA L. MITCHELL 2715W. FAIRBANKS, SUITE 201 WINTER PARK, FL 32789

SUBJECT: BANKRUPTCY ASSISTANCE CENTER, INC.

Ref. Number: W04000044583

We have received your document for BANKRUPTCY ASSISTANCE CENTER, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Written approval and clearance of the terms BANK, BANC, BANKER, BANKING, TRUST COMPANY, BANCSHARES, SAVINGS & LOAN ASSOCIATION, SAVINGS BANK, or CREDIT UNION or words of similar import, must be obtained from the Office of Financial Institutions, pursuant to section 655.922(2a), Florida Statutes.

Enclosed is a "Name Approval Request" form to be filled out and sent to the address indicated on the form. If the proposed name is approved by the Office of Financial Institutions, resubmit the document and approval letter to the Division of Corporations for filing.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2005 date is needed</u>, otherwise the date of receipt will be the file date. A <u>separate article must be added to the Articles of Incorporation for the effective date.</u>

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) 245-6067.

Neysa Culligan Document Specialist New Filings Section

Letter Number: 604A00068372



OFFICE OF FINANCIAL REGULATION

FINANCIAL SERVICES COMMISSION

JEB BUSH GOVERNOR

TOM GALLAGHER CHIEF FINANCIAL OFFICER

CHARLIE CRIST ATTORNIY GENERAL

December 9, 2004

Aneska L. Mitchell, Esquire Bankruptcy Assistance Center, Inc. 2715 W. Fairbanks Avenue Suite 201 Winter Park, Florida 32789

Dear Ms. Mitchell:

DON B. SAXON

COMMISSIONER

Re: Bankruptcy Assistance Center, Inc.

Thank you for your recent letter/fax requesting approval for use of the above-referenced name.

It is the opinion of this Office that the above-referenced corporate name is definitive enough to differentiate the business being conducted from that of a commercial bank or trust company. Therefore, the Office does not object to your use of the above-referenced name being registered to conduct business in the state of Florida.

Sincerely,

Linda B. Charity Deputy Director

Division of Financial Institutions

LBC:ker

cc: Karon Beyer, Chief, Bureau of Commercial Recordings, Division of Corporations, Department of State

•	
ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED SECRETARY OF STATE
ADMICT IN T. MARKE	TALLAHASSEE, FLORÎDA
The name of the corporation shall be:	04 DEC 20 AM 8: 37
BANKRUPTRY ASSISTANCE CONTOR, I	پر د د د د د د د د د د د د د د د د د د د
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
	- 1 - 2 P
2715 W. FAIRBANKS AVENUE, SOME	sol muse in
FLORIDA, 32789	3
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
when herresonand warm son	VICES
· · · · · · ·	_
ARTICLE IV SHARES	
The number of shares of stock is:	• • • • • • • • • • • • • • • • • • • •
1,000	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	
ANESKA L. MITCHELL , PRESIDENT 4354 FONTAIN VIEW LANE, AF. #	
Maria Trinitation processions	
4004 ROUTHIN VIEW LANE, AP #	4306
32808	· -
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the registe	ered agent is:
Tillere JoHISOI, MO	
640 SPICE TRADER WAY, APT. E	-
Da A-Do F 37912	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	•
ANESKA L. MITCHELL	
THE CONTRACTOR OF THE CONTRACT	
72715 W. FARBANKS AVENUE, SOME 701	

Signature/Registered Agent Date

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this

Signature/Incorporator

Date