

705000042422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

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

SUBJECT:

Consumer Credit Investigation, 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:

Drenda L. Bartlett  
Name (Printed or typed)

P.O. Box 591  
Address

Apopka, FL 32704-0591  
City, State & Zip

407-814-7779  
Daytime Telephone number

FILED  
05 MAR 18 PM 1:58  
TALLAHASSEE, FL

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

# 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:

Consumer Credit Investigation Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PO BOX 591  
APOPKA, FL 32704

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide Credit Consultation + Investigation

## ARTICLE IV SHARES

The number of shares of stock is:

50

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Brenda L. Barfield - Owner

PO BOX 591  
APOPKA, FL 32704

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Consumer Credit Investigation - Brenda L. Barfield

## ARTICLE VII INCORPORATOR

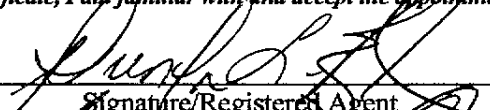
The name and address of the Incorporator is:

Brenda L. Barfield

PO BOX 591  
APOPKA, FL 32704

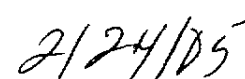
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

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CLERK OF DISTRICT COURT  
JACKSONVILLE, FL