

POS000054659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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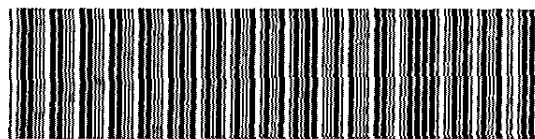
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 APR -7 PM 2:28

## TRANSMITTAL LETTER

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

**SUBJECT:** Debt Relief Agencies, 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:** Kenneth S. Rappaport

Name (Printed or typed)

1300 N. Federal Highway, Suite 203

Address

Boca Raton, FL 33432

City, State & Zip

561/368-2200

Daytime Telephone number

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**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:

DEBT RELIEF AGENCIES, INC.

### **ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailing address is:

1300 North Federal Highway, Suite 203  
Boca Raton, FL 33432

### **ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:

Transacting business in FL

### **ARTICLE IV      SHARES**

The number of shares of stock is:

100

### **ARTICLE V      INITIAL OFFICERS AND/OR DIRECTORS**

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

Kenneth S. Rappaport - President  
Jordan L. Rappaport - Vice President

### **ARTICLE VI      REGISTERED AGENT**

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

Kenneth S. Rappaport  
1300 North Federal Highway, Suite 203  
Boca Raton, FL 33432

### **ARTICLE VII      INCORPORATOR**

The name and address of the Incorporator is:

Kenneth S. Rappaport  
1300 North Federal Highway, Suite 203  
Boca Raton, FL 33432


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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

4-5-05  
\_\_\_\_\_  
Date

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

4-5-05  
\_\_\_\_\_  
Date