

PO 5000/22239

(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 SEP -6 PM 12:41

MRD

TRANSMITTAL LETTER

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

SUBJECT: Credit Services of South Florida, 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: Jasmine Tirogene

Jasmine Tirogene
Name (Printed or typed)

1011 Nw 90th Street

Address

Miami Fl 33150

City, State & Zip

954-557-9097

Daytime Telephone number

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)

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ARTICLE I NAME

The name of the corporation shall be:

Credit Services of South Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1011 Nw 90th Street
Miami Fl 33150

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any Lawful Purpose

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jasmine Tirogene, Pres.
1011 Nw 90th Street
Miami Fl 33150

ARTICLE VI REGISTERED AGENT

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

Jasmine Tirogene
1011 Nw 90th Street
Miami Fl 33150

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jasmine Tirogene
1011 Nw 90th Street
Miami Fl 33150

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

Jasmine Tirogene
Signature/Registered Agent
Jasmine Tirogene
Signature/Incorporator

8/15/05
Date

8/15/05
Date