P05000126002

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
·	·	•
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		}

Office Use Only



300058278183

109/12/05--01001--018 **78.75

SECRETARY OF STATE TALLAHASSEE, FI COID

FILED



LAZARUS CORPORATE FILING SERV	/ICE	
3320 SW 87TH AVENUE		
MIAMI, FL 33165 (305) 552-59	73	
		Office Use Only
CORPORATION NAME(S) & DOCUMI	ENT NUMBER(S), (if I	(nown):
1. NATIONAL RECEIVI (Corporation Nar. 2)	9BLES, INC	
(Corporation Nar.,2)	(Document #)	
2. (Corporation Name)	(Document #)	· · · · · · · · · · · · · · · · · · ·
(Corporation 11(1.5)	(Document ")	
(Corporation N: 5/12)	(Document #)	· · · · · · · · · · · · · · · · · · ·
4. (Corporation Na.nc)	(Document #)	
Walk in Pick up time 2	00	Certified Copy
	Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name	Foreign Limited Partnershi Reinstatement Trademark Other	p

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 12, 2005

LAZARUS CORPORATE FILING SERVICE

SUBJECT: NATIONAL RECEIVABLES, INC.

Ref. Number: W05000042264

05 SEP 13 PH 4: 23

We have received your document for NATIONAL RECEIVABLES, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L04000088592 (NATIONAL RECEIVABLES, LLC).

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) 245-6855.

Tammy Hampton Document Specialist New Filings Section

Letter Number: 905A00056283

וור ה

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

<u> ARTICLE I - NAME</u>

The name of the corporation shall be:

NATIONAL RECEIVABLES SERVICE, INC.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

PO Box 4528 Miami Lakes, Florida 33014

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

<u>ARTICLE IV - INITIAL REGISTERED AGENT AND STREET</u> <u>ADDRESS</u>

The name and address of the initial registered agent is:

Nelson Alvarez 10351 NW 1st Street Pembroke Pines, FL 33028

<u>ARTICLE V - INCORPORATOR</u>

The name and street address of the incorporator to these Articles of Incorporation is:

Neison Alvarez 10351 NW 1st Street Pembroke Pines, FL 33028

The undersigned incorporator has executed these Articles of Incorporation this 7th day of September, 2005.

Signature

ARTICLE VI - DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

Neison Aivarez

10351 NW 1st Street

Pembroke Pines, FL 33028

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature