

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

FLORIDA PROFIT/NON PROFIT CORPORATION

ultimate solutions credit repair services, inc.

Certificate of Status 0
Certified Copy 0
Page Count 03
Estimated Charge \$70.00

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Corporate Filing Menu

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ARTICLES OF INCORPORATION

In compliance with Chapter 601 and/or Chapter 621, F.S. (Profit)

ARTICLE I - NAME

The name of the corporation shall be:

Ultimate Solutions Credit Repair Services, Inc.

ARTICLE II - PRINCLE OFFICE:

The principal office of business and mailing address of this corporation shall be:

Colonial Plaza

1515 University Drive Suite 114C

Coral Springs, Pl 33071

ARTICLE III - PURPOSE

The purpose for which the corporation is organized is:

To provide essistant to Individuals in need of removing derogatory and erroneous information found in the Individual's credit report.

ARTICLE IV - SHARES

The maximum numbers of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 (one thousand) shares of common stock having a nominal or par value of \$1.00 One Dollar per share. All said shares shall be payable in cash, property, labor or services as a valuation to be fixed by the Board of Directors at a meeting called for that purpose. Property, labor or services may be purchased or paid for with capital stock at a just valuation to be fixed by the Board of Directors.

ARTICLE V - INITIAL DIRECTORS / OFFICERS

The names and addresses:

Everardo A. Amaris - President

265 NW 105 Terrace Coral Springs, Fi 33071

Estella Jack - V.P. / T/S

4003 NW 87th Avenue Sunrise, Fl 33351

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET

ADDRESS

The name and Florida Street address of the registered agent is:

Everardo A. Amaris

1515 University Orive

Suite # 1140

Coral Springs, Fl 33071

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ARTICLE VII - INCORPORATOR
The mane and address of the Incorporator is:

Everardo A. Amaris

1515 University Drive

Suite 174C

Coral Springs, FI 33071

Having been named as registered to accept service of process for the above state 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

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