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#### **COVER LETTER**

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

SUBJECT: No	tional Credit	Restoration Clinic, Inc.
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCLUDE SUPPIX</u> )
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and a check for:
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$87.50 Filing Fee & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED
FROM:	Gustavo J Nam 5101 Mar	Camejo e (Printed or typed)  OR Court, Suite 3  Address
		J FL 33904
	(239-2 Daytime	65-6/19 Telephone number

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

ARTICLES OF INCORPORATION

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OF

### NATIONAL CREDIT RESTORATION CLINIC, INC.

The undersigned, for the purpose of forming a corporation for profit under the laws of the State of Florida, hereby adopts the following Articles of Incorporation:

#### <u>ARTICLE I</u>

The name of the corporation is National Credit Restoration Clinic, Inc.

#### ARTICLE II

The principal office mailing address of the corporation is 5101 Manor Court, Suite 3, Cape Coral, Florida 33904,

#### **ARTICLE III**

The existence of the corporation shall be perpetual. Corporate existence shall commence on the date these Articles are executed and acknowledged, except that if they are not filed by the Department of State of the State of Florida within five (5) days, exclusive of legal holidays, after they are executed and acknowledged, corporate existence shall commence upon filing by the Department of State.

#### **ARTICLE IV**

The maximum number of shares of stock which the corporation is authorized to issue and have outstanding at any one time is 500 shares of common stock having a par value of \$1.00 per share.

#### ARTICLE V

The name and street address of the members of the first Board of Directors of the corporation who shall hold office for the first year of the corporation's existence or until a successor is elected and has qualified are:

Nama	Addrage
<u>Name</u>	<u>Address</u>

Gustavo J. Camejo 5101 Manor Court, Suite 3 (Director/President) Cape Coral, Florida 33904

#### ARTICLE VI

The street address of the initial registered office of the corporation is 5101 Manor Court, Suite 3, Cape Coral, Florida 33904, and the initial registered agent of the corporation at that address is GUSTAVO J. CAMEJO.

#### ARTICLE VII

The name and street address of each incorporator signing these articles is:

Name

<u>Address</u>

Gustavo J. Camejo

5101 Manor Court, Suite 3 Cape Coral, Florida 33904

#### **ARTICLE VIII**

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, and any right conferred upon the shareholders is subject to this reservation.

EXECUTED at Miami-Dade County, Florida, this 27 day of February, 2006.

GUSTAVØ J. CAMEJØ, Incorporator

STATE OF FLORIDA

):ss

**COUNTY OF MIAMI-DADE** 

The foregoing instrument was acknowledged before me this 2 day of February, 2006 by GUSTAVO J. CAMEJO, Incorporator, who is personally known to me.

My Commission Expires:

lotary Public, STATE OF FLORIDA

Print Name

Emma Lastra

## CERTIFICATE DESIGNATING RESIDENT AGENT AND REGISTERED OFFICE

In accordance with Chapter 48.091, Florida Statutes, the following designation and acceptance is submitted in compliance thereof.

#### DESIGNATION

National Credit Restoration Clinic, Inc., desiring to organize under the laws of the State of Florida, hereby designates GUSTAVO J. CAMEJO, its registered agent, and 5101 Manor Court, Suite 3, Cape Coral, Florida 33904, as its registered office.

#### ACCEPTANCE

Having been named as registered agent for the above named corporation, I hereby agree to act in such capacity for such corporation at its registered office.

Dated this 27 day of February, 2006.

GUSTAVO J. CAMEJO

(Registered Agent)