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In face

To: Division of Corporations  
Fax Number : (850)205-0381

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

FLORIDA PROFIT/NON PROFIT CORPORATION

CREDIT LIFE SOLUTIONS, INC.

Certificate of Status	0
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION  
OF

**CREDIT LIFE SOLUTION, Inc.**

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

ARTICLE I NAME

The name of the Corporation shall Be:  
Credit Life Solution, Inc.

The principal place of business of this corporation shall be:  
12002 SW 128 Court Suite 103 Miami, FL 33186 Principal Office

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:  
1000 shares par value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

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**ARTICLE V OFFICERS DIRECTORS**

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

Fanco Olivero  
12002 SW 128 Court # 103  
Miami, FL 33186

**ARTICLES VI INCORPORATOR (S)**

The name(s) and street address (es) of the incorporator (s) to this articles of incorporation is (are):

Franco Olivero  
12002 SW 128 Court Suite 103  
Miami, FL 33186

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this, 20th day of July 2006.

Signature(s) of Incorporator(s)

X Franco Olivero  
Franco Olivero

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation:  
Credit Life Solution, Inc.

2. The name and address of the registered agent and office is:  
Franco Olivero

12002 SW 128<sup>th</sup> Court # 103  
(P.O. BOX NOT ACCEPTABLE)  
Miami, FL 33186  
(CITY/STATE/ZIP)

SIGNATURE Franco Olivero

TITLE Owner

DATE 7/20/06

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE Franco Olivero

DATE 7/20/06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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