

P06000B/226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

~~W06-44232~~

Office Use Only

10/16



100080564661

10/09/06--01015--018 \*\*78.75

FILED  
06 OCT 13 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: \_\_\_\_\_

*EXECUTIVE Credit Solutions, 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: \_\_\_\_\_

*EXECUTIVE Credit Solutions, Inc.*

Name (Printed or typed)

*P.O. Box 568738*

Address

*Orlando, FL 32806*

City, State & Zip

*407-575-0055*

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 9, 2006

EXECUTIVE CREDIT SOLUTIONS, INC.  
P.O. BOX 568738  
ORLANDO, FL 32856

SUBJECT: EXECUTIVE CREDIT SOLUTIONS, INC.  
Ref. Number: W06000044232

We have received your document for EXECUTIVE CREDIT SOLUTIONS, INC.. However, the document has not been filed and is being returned for the following:

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6934.

Loria Poole  
Document Specialist  
New Filing Section

Letter Number: 906A00059918

FILED

6 OCT 13 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S.: (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

EXECUTIVE Credit Solutions, Inc

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 568778  
ORLANDO FL 32856

1504 E. HARDING ST.  
ORL ANDO, FL 32806

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL Lawful purposes

## ARTICLE IV SHARES

The number of shares of stock is:

1000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

EDWARD Lopez, President  
4868 E. Michigan St. #3  
ORLANDO, FL 32812

## ARTICLE VI REGISTERED AGENT

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

EDWARD M. Lopez  
4868 E. Michigan St. #3  
ORLANDO, FL 32812

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

EDWARD M. Lopez  
4868 E. Michigan St. #3  
ORLANDO, FL 32812

\*\*\*\*\*

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

Signature/Registered Agent

Signature/Incorporator

Date

Date

10/4/06

10/4/06