

P06 000142030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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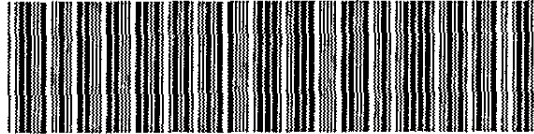
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/13/06 NOV 13 2006

COVER LETTER

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

SUBJECT: Credit Data Reports, I DC
(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: Lorraine A Colin
Name (Printed or typed)

3267 N Camilo Dr
Address

Citrus Springs, FL 34433
City, State & Zip

352-533-3157
Daytime Telephone number

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

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:

Credit Data Reports, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3267 N Camilo Dr
Citrus Springs Fl 31133

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Credit Bureau

ARTICLE IV SHARES

The number of shares of stock is:

Number of Shares the Corporation is authorized to issue is 50,000 (fifty thousand). Each share shall have a par value of \$1.00 (one dollar)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Lorraine A Colin
3267 N Camilo Dr
Citrus Springs, FL 34433

President

ARTICLE VI REGISTERED AGENT

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

Lorraine A Colin
3267 N Camilo Dr
Citrus Springs, FL 34433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lorraine A Colin
3267 N Camilo Dr
Citrus Springs, FL 34433

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED