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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: Second Chance Debt Settlement and Arbitration, 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: Orien Adams

Name (Printed or typed)

2939 N.W. 48th Terr.

Address

Miami, FL 33142

City, State & Zip

(305)725-2939

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:  
**Second Chance Debt Settlement and Arbitration, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:  
**2939 N.W. 48<sup>th</sup> Terr.  
Miami, FL 33142**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**Any lawful purposes permitted under the laws of the United States of America and the State of Florida.**

**ARTICLE IV SHARES**

The number of shares of stock is:  
**1,000**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

The name, address, and titles:  
**Orien Adams, President, Secretary, Treasurer, Director  
2939 N.W. 48<sup>th</sup> Terr.  
Miami, FL 33142**

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:  
**Orien Adams  
2939 N.W. 48<sup>th</sup> Terr.  
Miami, FL 33142**

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:  
**Orien Adams  
2939 N.W. 48<sup>th</sup> Terr.  
Miami, FL 33142**

.....  
Having been named 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.

*Orien Adams*  
**ORIEN ADAMS/REGISTERED AGENT**

*Orien Adams*  
**ORIEN ADAMS/INCORPORATOR**

11-9-06  
**November 9, 2006**

11-9-06  
**November 9, 2006**

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA