# The Dollar DOOD 5 Interpretation of the Contract of the Contra

#### Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255
Phone: (305)634-3694
Fax Number: (305)633-9696

#### FLORIDA PROFIT/NON PROFIT CORPORATION

DebtM, Inc.

Certificate of Status	0
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LUNCTARY OF STATE ALLAHASSEE, FLORIDA

#### **ARTICLES OF INCORPORATION**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

DebtM, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6454 Pinehurst Circle East, Tamarac, FL 33321

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

Ten Thousand (10,000)

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent arc:

Doreen Rubin, 6454 Pinehurst Circle East, Tamarac, Fl. 33321

#### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Doreen Rubin, 6454 Pinehurst Circle East, Tamarac, FL 33321

#### ARTICLE VI OFFICERS AND DIRECTOR(S)

The initial directors (and officers, if applicable) of the corporation shall be:

Director/President: Doreen Rubin, 6454 Pinehurst Circle East, Tamarac, FL 33321

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X NOTES C Signature of Incorporator 4/24/0 Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature of Registered Agent

**Σ0.9** 

Date

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