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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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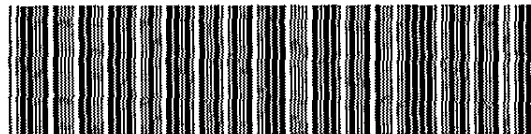
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

[Handwritten signature]

COVER LETTER

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

SUBJECT: Financial Debt Restoration 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Wikenson Joachin

Name (Printed or typed)

3624 Shalimar Ct.

Address

Orlando, FL 32818

City, State & Zip

(407) 914-3299

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:

Financial Debt Restoration, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3624 Shalimar Ct., Orlando, FL 32818

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Business Management

ARTICLE IV SHARES

The number of shares of stock is:

75,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Wikenson Joachin - President 3624 Shalimar Ct., Orlando, FL 32818
Calisha Mills - Director 3624 Shalimar Ct., Orlando, FL 32818
Calisha Mills - Secretary 3624 Shalimar Ct., Orlando, FL 32818
Calisha Mills - Treasurer 3624 Shalimar Ct., Orlando, FL 32818

ARTICLE VI REGISTERED AGENT

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

Wikenson Joachin 3624 Shalimar Ct., Orlando, FL 32818

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Wikenson Joachin - President 3624 Shalimar Ct., Orlando, FL 32818

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

x Wikenson Joachin
Signature/Registered Agent
x Wikenson Joachin
Signature/Incorporator

7/10/07
Date
7/10/07
Date

FILED
07 JUL 16 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA