

PO700096779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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

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07 AUG 28 AM 8 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

KS  
8/29/07

COVER LETTER

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07 AUG 28 AM 8:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SUBJECT: DIRECT FUNDING GROUP, 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: SCOTT LEVENTHAL  
Name (Printed or typed)

20283 State Road 7 Suite 400  
Address

BOCA RATON FL. 33498  
City, State & Zip

(561) 702-0837  
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:

DIRECT FUNDING GROUP, INC.

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TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

20283 State Road 7 Suite 400  
Boca Raton, F.L. 33498

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

CONSULTING

**ARTICLE IV SHARES**

The number of shares of stock is:

100,000

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

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

SCOTT LEVENTHAL - PRESIDENT  
20283 State Road 7 Suite 400  
Boca Raton, F.L. 33498

**ARTICLE VI REGISTERED AGENT**

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

SCOTT LEVENTHAL  
20283 State Road 7 Suite 400  
Boca Raton, F.L. 33498


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


SCOTT LEVENTHAL  
20283 State Road 7 Suite 400  
Boca Raton, F.L. 33498

\*\*\*\*\*

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

8-20-07  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

8-20-07  
\_\_\_\_\_  
Date