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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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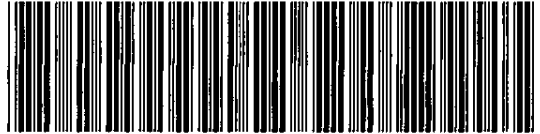
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2008 MAY -8 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: CRA Management Solutions, 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: Crystal Lamson

Name (Printed or typed)

2419B S. Cedar Ave.

Address

Sanford, FL 32771

City, State & Zip

407-227-1338

Daytime Telephone number

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

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2008 MAY -8 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

CRA Management Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

2419B S. Cedar Ave
Sanford, FL 32771

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To collect debt owed to an individual/business.

ARTICLE IV SHARES

The number of shares of stock is:

80

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Crystal Lamson
2419B S. Cedar Ave
Sanford, FL 32771
President/Owner

ARTICLE VI REGISTERED AGENT

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

Crystal Lamson
2419B S. Cedar Ave
Sanford, FL 32771

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Crystal Lamson
2419B S. Cedar Ave
Sanford, FL 32771

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

5/5/2008

Date

Signature/Incorporator

5/5/2008

Date