

PD8000076475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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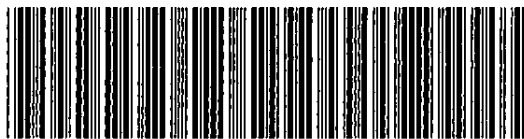
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Realistic Credit Repair 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: Maria G. Herrera

Name (Printed or typed)

13810 S.W 18 Street

Address

Miami, FL 33175

City, State & Zip

786-473-8994

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:

Realistic Credit Repair Inc.

ARTICLE II PRINCIPAL OFFICE

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

13810 S.W 18 Street, Miami, Florida 33175

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Help fix credit history

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Maria G. Herrera, 13810 S.W. 18 Street, Miami, Florida 33175, President

Ileret Monteagudo, 13810 S.W. 18 Street, Miami, Florida 33175, Vice President

ARTICLE VI REGISTERED AGENT

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

Maria G. Herrera, 13810 S.W. 18 Street, Miami, Florida 33175, Registered Agent

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Maria G. Herrera

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

Signature/Incorporator

Date

Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA