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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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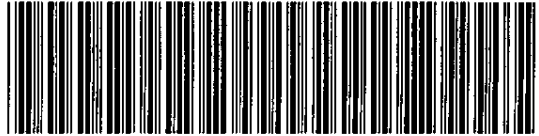
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
1/22

COVER LETTER

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

SUBJECT: Consumer Debt and Credit Consultants, 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: Garett Grabarnick
Name (Printed or typed)

6480 Allison Rd.
Address

Miami Beach, Fl 33141
City, State & Zip

877-865-8225
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:

Consumer Debt and Credit Consultants, Inc.

ARTICLE II PRINCIPAL OFFICE

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

mailing address: 5700 Collins Ave. #5L
Miami Beach, Fl 33140

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Debt Consolidation and Negotiations

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Traci Share 3185 NE 207 terrace Aventura, Fl 33180 President

Garett Grabarnick 5700 Collins Ave. Miami Beach, Fl 33140 Vice President

ARTICLE VI REGISTERED AGENT

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

Stewart Share
11900 Biscayne Blvd.
#280
N. Miami, Fl 33181

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Garett Grabarnick
5700 Collins Ave. #5L
Miami Beach, Fl 33140

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