

P09000015726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

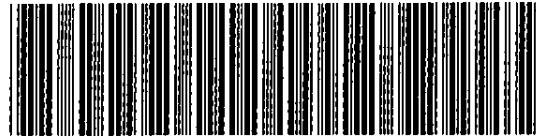
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/25/08--01030--013 **70.00

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2009 FEB 16 A 9 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Credit Solution Group Corp
(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: Marcia Chacon
Name (Printed or typed)

17210 SW 153 Ct
Address

Miami FL 33187
City, State & Zip

786 399 8393
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 FEB 16 A 9:07

FILED

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

Sorry. I was seak.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 28, 2008

MARCIA CHACON
17210 SW 153 CT
MIAMI, FL 33187

SUBJECT: CREDIT SOLUTION GROUP
Ref. Number: W08000039731

RECEIVED
DEPARTMENT OF STATE
09 JAN -5 PM 1:18

We have received your document for CREDIT SOLUTION GROUP and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Document Specialist Supervisor

Letter Number: 308A00047463



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 15, 2009

MARCIA CHACON
17210 SW 153 CT
MIAMI, FL 33187

SUBJECT: CREDIT SOLUTION GROUP CORP
Ref. Number: W08000039731

We have received your document for CREDIT SOLUTION GROUP CORP and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Document Specialist Supervisor

Letter Number: 609A00001612

RECEIVED
DEPARTMENT OF STATE
09 FEB 16 PM 12:24

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 601, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Credit Solution MC Group Corp.

ARTICLE II PRINCIPAL OFFICE

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

17210 SW 153 ct. Miami FL 33187

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Help people to Fill documents about them credit

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):

Marcia Chacon

President

17210 SW 153 ct Miami FL 33187

ARTICLE VI REGISTERED AGENT

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

Marcia Chacon

17210 SW 153 ct Miami FL 33187

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

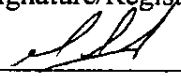
Marcia Chacon

17210 SW 153 ct Miami FL 33187

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

02-11-2009 MC
Date

02-11-2009 MC
Date

2009 FEB 16 A 9 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED