

P09000071947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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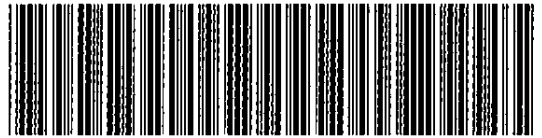
(Business Entity Name)

(Document Number)

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2009 AUG 26 A 11: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W090000021081

COVER LETTER

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

SUBJECT: CREDIT COUNSELORS OF NORTH AMERICA 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: MAURICE STEWART
Name (Printed or typed)

1061 W. Oakland Park Blvd #230
Address

Oakland Park, FL 33311
City, State & Zip

954-563-2650
Daytime Telephone number

ccna@midSpring.com
E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 AUG 26 A 11: 21

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 5, 2009

MAURICE STEWART
1061 W OAKLAND PARK BLVD SUITE 230
OAKLAND PARK, FL 33311

SUBJECT: CREDIT COUNSELORS OF NORTH AMERICA INC.
Ref. Number: W09000021081

We have received your document for CREDIT COUNSELORS OF NORTH AMERICA INC. and your check(s) totaling \$78.75. 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 a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of 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) 245-6052.

Paisley A Alford
Clerk
New Filing Section

Letter Number: 309A00015100

RECEIVED
DEPARTMENT OF STATE
09 AUG 26 AM 11:08

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:

CREDIT COUNSELORS OF NORTH AMERICA INC.

ARTICLE II PRINCIPAL OFFICE

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

1061 W OAKLAND PARK BLVD, SUITE 230
OAKLAND PARK, FL 33311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MAURICE STEWART, PD
3689 HUDSON LANE, BOYNTON BEACH, FL 33436

DOTTREL STEWART, D

13843 NW 22ND COURT, SUNRISE, FL 33323

JENNIFER STEWART, D

13843 NW 22ND COURT, SUNRISE, FL 33323

ARTICLE VI REGISTERED AGENT

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

MAURICE STEWART
1061 W OAKLAND PARK BLVD
OAKLAND PARK, FL 33311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MAURICE STEWART
1061 W OAKLAND PARK BLVD
OAKLAND PARK, FL 33311

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 AUG 26 A 11:21

FILED

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

4/21/09

Date

4/21/09

Date