CAPITAL CONNECTION DisAPR. 15.

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> > (((H110001004163)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : I20000000257

Phone : (850)224-8870

Fax Number : (850)222-1222

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. annual report mailings. Enter only one email address please.**

Email	Address	i.
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FLORIDA PROFIT/NON PROFIT CORPORATION COMMUNITY CREDIT SERVICES CORPORATION

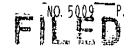
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COVER LETTER

SECRETARY OF STAFES TALLAHASSEE FLORIDA

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

SUBJECT: COMMUNITY CREE	DIT SERVICES CORPORATION
(PROPOSED CORP	ORATE NAME – MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the	e articles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status
\	ADDITIONAL COPY REQUIRED
FROM: ROBERT A MARTIN	Name (Printed or typed)
260 GREENBRIER	DRIVE .
	Address
PALM SPRINGS, FI	ORIDA 33461 City, State & Zip
561-313-7859 Daysi	me Telephone number
BOBCOM@BELLSO	UTH NET
E-mail address: (to be	e used for future annual report notification)

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

ARTICLES OF INCORPORATION

11 APR 15 PM ID: 20

In complia	nce with Chapter 607 and	Vor Chapter 621, F.S. (Profit)	
AMORAL D. T. MARKET		Vor Chapter 621, F.S. (Profit) SERVICES CORPORATION LL AHASSEE FLORIDE	
ARTICLE I NAME CON The name of the corporation shall be:	MUNITY CREDIT:	SERVICES CORPORATION TO A MASSEE FLORING	
The name of the corporation and ee.			
ARTICLE II PRINCIPAL OFFIC			
Principal <u>street</u> ac	idress	Mailing address, if different is:	
4433 10th AVE. NO	RTH i	·····	
LAKE WORTH			
FLORIDA 33461			
ARTICLE III PURPOSE	İ		
The purpose for which the corporation is	organized is:		
TO SERVICE FINANCIAL DEA	NTINGS WITH SHO	RT AND LONG TERM LOANS	
• • • • • • •	İ		
	ļ		
•			
ARTICLE IV SHARES	ļ		
The number of shares of stock is:100	ì	•	
ARTICLE VINITIAL OFFICERS	S AND OR DESCROE	2	
Name and Title: ROBERT A MA	RTIN I	Name and Title:	
Address: 260 GREENBR		Address:	
PALM SPRING	S.FI ORIDA 33461		
P-T			
Name and Title: CAROLINE O	MARTIN'	Name and Title:	
Address: 260 GREENBE	IER DRIVE		
	S.FLORIDA 33461		
<u> </u>			
Name and Title: CHRISTOPHE	R WESTCOTT	Name and Title:	
Address: 55 BARBADOS		Address:	
	S EI ORIDA 33461		
· VP			
ARTICLE VI REGISTERED AGI	PAPE I		
The name and Florida street address (P.		Frinc registered agent is:	
Name: ROBERT A M	ARTIN		
Address: 4433.10th AV	E NORTH		
LAKE WORT	H,FLORIDA 33461	_	
ADDITION OF THE THEODON A PROTECTION	1		
ARTICLE VII INCORPORATOR The name and address of the Incorporator	·le· ;		
Name; ROBERT A M			
Address: 260 GREENB		_	
PAI M SPRIN	IGS. FI ORIDA 334		
	<u> </u>		
Having been named as registered agent t	o accept sérvice of proces.	s for the above stated corporation at the place designated in	
this certificate, I am familiar with and acc	ept ine appointment as veg	istered agent and agree to act in this capticly	
All whom to		G.14.8700.4	
Stoher G. Mach	<u> </u>	04/15/2011	
Required Signs	ture/Registered Agent	Data	
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a			
document of the Department of State constitutes a third degree felony as provided for in 2.817.155, F.S.			
	<u></u>	· ·	
Hobert a. mar	un	04/15/2011	
Required Sig	nature/Incorporator	Date	