

Div APR. 15. 2011. 2:42PM

CAPITAL CONNECTION

NO. 5009

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P11000037038

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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.****

Email Address: _____

RECEIVED
11 APR 15 PM 4:57
DIVISION OF CORPORATIONS

**FLORIDA PROFIT/NON PROFIT CORPORATION
COMMUNITY CREDIT SERVICES CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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11 APR 15 PM 12:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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MRD 4/18

APR. 15. 2011 2:42PM

CAPITAL CONNECTION

NO. 5009 P. 2
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11 APR 15 PM 12:29

COVER LETTER

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

SUBJECT: COMMUNITY CREDIT SERVICES CORPORATION
(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: ROBERT A MARTIN

Name (Printed or typed)

260 GREENBRIER DRIVE

Address

PALM SPRINGS, FLORIDA 33461

City, State & Zip

561-313-7859

Daytime Telephone number

BOBCOM@BELL SOUTH.NET

E-mail address: (to be used for future annual report notification)

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

APR. 15. 2011 2:42PM - CAPITAL CONNECTION

NO. 5009

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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:

COMMUNITY CREDIT SERVICES CORPORATION

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

4433 10th AVE. NORTH

LAKE WORTH

FLORIDA 33461

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO SERVICE FINANCIAL DEALINGS WITH SHORT AND LONG TERM LOANS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROBERT A MARTIN

Address: 260 GREENBRIER DRIVE
PALM SPRINGS, FLORIDA 33461
P-T

Name and Title:

Address:

Name and Title: CAROLINE O MARTIN

Address: 260 GREENBRIER DRIVE
PALM SPRINGS, FLORIDA 33461
VP-S

Name and Title:

Address:

Name and Title: CHRISTOPHER WESTCOTT

Address: 55 BARRADOS
PALM SPRINGS, FLORIDA 33461
VP

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

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

Name: ROBERT A MARTIN

Address: 4433 10th AVE NORTH
LAKE WORTH, FLORIDA 33461

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROBERT A MARTIN

Address: 260 GREENBRIER DRIVE
PALM SPRINGS, FLORIDA 33461

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

Robert A. Martin

Required Signature/Registered Agent

04/15/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Robert A. Martin

Required Signature/Incorporator

04/15/2011

Date