

P110000062495Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

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FLORIDA PROFIT/NON PROFIT CORPORATION
STATEWIDE COLLECITON AGENCY SERVICES, INC.

Certificate of Status	1
Certified Copy	1
Page Count	02
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME STATEWIDE COLLECTION AGENCY SERVICES, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address:
717 PONCE DE LEON BLVD
SUITE 227
CORAL GABLES, FLORIDA 33134

Mailing address, if different is:
717 PONCE DE LEON BLVD
SUITE 227
CORAL GABLES, FLORIDA 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
COLLECTION SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LUCIANO PUENTES, PRESIDENT Name and Title: _____
Address: 700 BILTMORE WAY Address: _____
APT 1004
CORAL GABLES, FLORIDA 33134

Name and Title: MARIA D. RODRIGUEZ, VICE PRESIDENT Name and Title: _____
Address: 2700 SOUTH UNIVERSITY DRIVE Address: _____
APT 4D
DAVIE, FLORIDA 33328

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: MARIA D. RODRIGUEZ
Address: 2700 SOUTH UNIVERSITY DRIVE #4D
DAVIE, FLORIDA 33328

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: LUCIANO PUENTES
Address: 700 BILTMORE WAY #1004
CORAL GABLES, FLORIDA 33134

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.

Maria D. Rodriguez
Required Signature Registered Agent

07/07/2011
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.

[Signature]
Required Signature Incorporator

07/07/2011
Date

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