

PR2000072028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

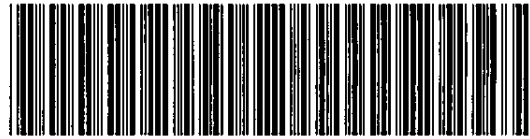
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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Jb

## COVER LETTER

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

SUBJECT: Default Counselors, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: VINCENT LAWRENCE  
Name (Printed or typed)

1730 Lakewood Dr So  
Address

St. Pete FL 33712  
City, State & Zip

727-423-9276  
Daytime Telephone number

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

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

To Whom It May Concern,

I, Kirsten Lang, do not intend to reinstate the company Default Counselors, Inc. Document #P10000038606. I agree to release the rights to the name, Default Counselors Inc., to Karen Lawrence of St. Petersburg, FL.

Kirsten Lang 5/18/12  
Kirsten Lang Date

Witness: [Signature] 5/18/12  
Celeste Nesbitt Date

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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: Default Counselors, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5100 78th St #1  
Pinellas Park FL  
33781

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To assist former college students with defaulted student loans.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Karen Lawrence Owner Name and Title: \_\_\_\_\_  
Address: 1730 Lakewood Dr So Address: \_\_\_\_\_  
St. Petersburg FL  
33712

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

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: Vincent Lawrence  
Address: 1730 Lakewood Dr So  
St. Pete FL 33712

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Karen Lawrence  
Address: 1730 Lakewood Dr So  
St. Pete FL 33712

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

V. Lawrence

Required Signature/Registered Agent

8-16-12  
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.

Karen Lawrence

Required Signature/Incorporator

8-16-12  
Date