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11/19/14

COVER LETTER

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

SUBJECT: COLLATERAL CONSULTING GROUP, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: ADAM GROSS
Name (Printed or typed)

16154 CALDERA LANE
Address

NAPLES, FL 34110
City, State & Zip

203-526-7639
Daytime Telephone number

ALG57@AOL.COM
E-mail address: (to be used for future annual report notification)

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

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: COLLATERAL CONSULTING GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

16154 CALDERA LANE
NAPLES, FL 34110

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONSULTING TO BANKS AND LENDERS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ADAM GROSS / PRESIDENT Name and Title: _____

Address 16154 CALDERA LANE Address: _____
NAPLES, FL 34110

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: ADAM GROSS

Address: 16154 CALDERA LANE
NAPLES, FL 34110

ARTICLE VII INCORPORATOR

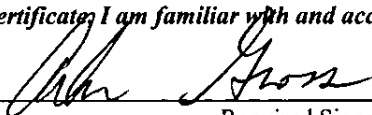
The name and address of the Incorporator is:

Name: ADAM GROSS

Address: 16154 CALDERA LANE
NAPLES, FL 34110


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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


Required Signature/Registered Agent

11/14/14
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.


Required Signature/Incorporator

11/14/14
Date