014000091195

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				



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WIYWS Office Use Only

DEC - 5 2014

T. SCOTT



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 18, 2014

ERIC ARLT 206 BRIDGE STREET CHARLEVOIX, MI 49720

SUBJECT: STUDENT LOAN SERVICING CORP.

Ref. Number: W14000068324

We have received your document for STUDENT LOAN SERVICING CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 414A00024113

COVER LETTER

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

SURJECT: Stu	dent Loan Servic	ing Corp.	
30.00.DC1	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori _l	ginal and one (1) copy of the art	icles of incorporation an	d 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 CO	PY REQUIRED
FROM: E	ric Arlt		
	Name	e (Printed or typed)	
2	06 Bridge Street	•	
		Address	
C	harlevoix MI 497		
_	City,	State & Zip	
2	31-709-8223		
	Daytime 1	elephone number	
e	ricstudentloans@ya	hoo.com	•
	E-mail address: (to be use	d 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)

	INCIPAL OFFICE	ervicing Corp.	
000 D.:L. 0	Principal street address	Mailing address, if different is:	
206 Bridge Street Charlevoix MI 49720		206 Bridge Street Charlevoix MI 49720	
ARTICLE IV SI	VARES 10,000,000		
ARTICLE V IN	ARES 10,000,000	•	
ARTICLE V IN	THAL OFFICERS AND/OR DIRECTO	Name and Title:	
ARTICLE V IN	ITIAL OFFICERS AND/OR DIRECTO	•	
ARTICLE V IN	Eric Arlt 8020 Shrigley Road	Name and Title:Address:	
ARTICLE V IN	Eric Arit 8020 Shrigley Road Charlevoix MI 49720	Name and Title:	
Name and Ti	Eric Arit 8020 Shrigley Road Charlevoix MI 49720	Name and Title:Address:	
Name and Ti Address Name and Tit	Eric Arit 8020 Shrigley Road Charlevoix MI 49720	Name and Title: Address: Name and Title:	
Name and Ti Address Name and Tit Address	Eric Arlt 8020 Shrigley Road Charlevoix MI 49720	Name and Title: Address: Name and Title:	
Name and Ti Address Name and Tit Address	Eric Arlt 8020 Shrigley Road Charlevoix MI 49720	Name and Title: Address: Name and Title: Address:	

Name and	1 Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
The name and Flo	prida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	Jim Carlson	_
Address:	8610 old town way	_
	Boca Raton Fl 33433	_
ARTICLE VII	INCORPORATOR	
The name and ad	dress of the Incorporator is:	
Name:	Eric Arlt	_
Address:	8020 Shrigley Road	
	Charlevoix MI 49720	_
Marina kasa wasa	and an analysis of an and so was an analysis of an annual as	ss for the above stated corporation at the place designated in
	un fandliar with and accept the appointment as r	
Lam	us A Dallow	9-11-14
	Required Signature/Registered Agent	Date
	ment and affirm that the facts stated herein ar Department of State constitutes a third degree feld	e true. I am aware that the false information submitted in a my as provided for in s.817.155. F.S.
(A) (
- CONTRACTOR OF THE PARTY OF TH	Required Signature/Incorporator	Siphertal 10, 2014 Date