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COVER LETTER

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

SUBJECT:id	ebt Recovery Golute (PROPOSED CORPORA	ions Corp	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	I 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
17. <u> </u>		ADDITIONAL CO	
•	,		•
FROM:	Juliara A	Cona e (Printed or typed)	
<u>5</u> 0	068 woodland D	Y Address	
	Delray Beach City,	TI 33484 State & Zip	
	786) 25 Daytime T	Sq. O295 Gelephone number	
JU	liance i editech @ E-mail address: (to be use	Amail.Com Pror future annual report r	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)

The name of the corpora	ation shall be: idebt Pecwer	y Solut	ions Corp
ARTICLE II PRIN	CIPAL OFFICE Principal street address		Mailing address, if different is:
1300 NW 1	7th Ave # 155		
Delray Bec	xh, Fl 33445		·
ARTICLE III PURP The purpose for which	the corporation is organized is:	and la	iwful business
			3 A S
			LAHASE LAHASE
ARTICLE IV SHAR The number of shares of	SES f stock is: 100		PM 1: 42
	AL OFFICERS AND/OR DIRECTORS		- Lacovarion
Name and Titl	e: Whom Artura (MESIDENT)	Name and Titl	o: Educia Podriguez (Vicepiesida)
Address	Dalson Approbed 22194	-	1300 NW 17th Ave # 155
	Delray Brach F1 33484		Delray Bruch 77 33445
Name and Title	X	Name and Titl	e:
Address		Address:	
		•	
Name and Title	:	Name and Titl	e:
Address		Address:	

Name and Titl	e: Juliana Attana (President lame and	Fitle: Educard Radriques (Vicepresident)
Address	5068 umilan	<u></u>	1300 NW 17th Ave Suite 155
		33484	Delroy Broch = 1, 33484
ARTICLE VI REGI	STERED AGENT street address (P.O. Box NOT a	acceptable) of the registere	d agent is:
<u>,</u>	illian Aldana	,	
(\daino.	268 windland P)(
	Iray Beach, -TI		
ARTICLE VII INCO	<u>DRPORATOR</u>		
The name and address	of the Incorporator is:		
Name:	Juliana Aldor	<u>a</u>	
Address:	5000 woodler	dor	
, ,	Delray Beach 7	7 33484	
	than the date of filing:		(OPTIONAL) an five business days prior or 90 business
	ted in this block does not meet the date on the Department of State		g requirements, this date will not be listed as
	s registered agent to accept service miliar with and accept the appoin		e stated corporation at the place designated in and agree to act in this capacity
	Required Signature/Registere	d Agent	06/16/2015 Date
I submit this documen document to the Depar	t and affirm that the facts stated tment of State constitutes a third	l herein are true. I am av degree felony as provided	ware that the false information submitted in a for in s.817.155, F.S.
	unature/Incorporator		06/16/2015



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 30, 2015

JULIANA ALDANA 5068 WOODLAND DR DELRAY BEACH, FL 33484

SUBJECT: IDEBT RECOVERY SOLUTIONS

Ref. Number: W15000044565

RECEIVED JUL & 0 2015

We have received your document for IDEBT RECOVERY SOLUTIONS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Christine Haney Regulatory Specialist II New Filing Section

Letter Number: 615A00013683

15 JUL 30 PM 1: 1.2

SECRETARY OF STATE ALLAHASSEE, FLORID,