

P16000028579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT

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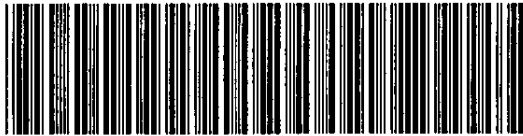
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 MAR 25 PH12:42
SECURITY OF STATE
TALLAHASSEE FLORIDA

A. C. Sullivan

AKR 3.1.2013

COVER LETTER

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

SUBJECT: SCORE SOLUTION CREDIT ENHANCEMENT 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

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: LONDON MAKENSON ALFRED

Name (Printed or typed)

2880 W OAKLAND PARK BLVD. SUITE 207

Address

OAKLAND PARK FL 33311

City, State & Zip

7547792208

Daytime Telephone number

SCORESOLUTION@YAHOO.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: SCORE SOLUTION CREDIT ENHANCEMENT INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

2880 W OAKLAND PARK BLVD

SUITE 207

OAKLAND PARK FL 33311

FILED
16 MAR 25 PM 12:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE CONSULTING SERVICES AND TO ENGAGE IN

ANY OTHER LAWFUL ACTIVITY FOR WHICH CORPORATIONS MAY BE INCORPORATED IN THIS STATE.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LONDON MAKENSON ALFRED, CEO

Address: 8050 N NOB HILL RD

APT 102

TAMARAC FL 33321

Name and Title: CORY STEFAN ESKOW, COO

Address: 3200 NW 5TH TERRACE

APT 30

POMPANO BEACH FL 33064

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: LONDON MAKENSON ALFRED

Address: 2880 W OAKLAND PARK BLVD SUITE 207

OAKLAND PARK FL 33311

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: LONDON MAKENSON ALFRED

Address: 2880 W OAKLAND PARK BLVD # 207

OAKLAND PARK FL 33311

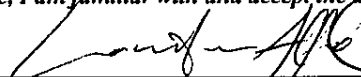
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

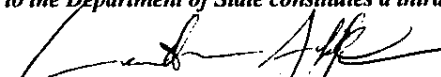


Required Signature/Registered Agent

3/21/16

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

3/21/16

Date

16 MAR 25 PM 12:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA