

P2000000/260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

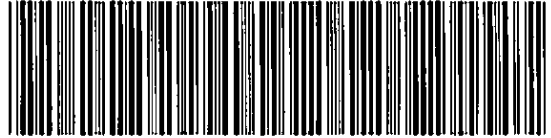
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only

JAN 08 2020

T. SCOTT



300338647343

01/08/20--01014--004 **70.00

FILING CANCELLED
DUE TO RETURNED CHECK

RECEIVED
2020 JAN -8 AM 10:12
TALLAHASSEE, FLORIDA

FILED
2020 JAN -8 AM 9:45
TALLAHASSEE, FLORIDA

COVER LETTER

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

FILING CANCELLED
DUE TO RETURNED CHECK

SUBJECT: Credit Aid 360 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: Erika Carter
Name (Printed or typed)
19046 Bruce B. Downs Blvd #61
Address
Tampa FL 33647
City, State & Zip
866-685-9658
Daytime Telephone number
Credit Aid 360@gmail.com
E-mail address: (to be used for future annual report notification)

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

FILING CANCELLED
DUE TO RETURNED CHECK

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: Credit Aid 360 Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

19046 Bruce B. Downs Blvd #61

Tampa, FL 33647

Mailing address, if different is:

19046 Bruce B Downs Blvd #61

Tampa, FL 33647

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To conduct any and all business.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Erika Carter Name and Title: CEO

Address: 19046 Bruce B. Downs Blvd Address: _____
#61 _____
Tampa, FL 33647 _____

Name and Title: Kayla Anderson Name and Title: CFO

Address: 19046 Bruce B. Downs Blvd Address: _____
#61 _____
Tampa, FL 33647 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
2020 JAN -8 AM 9:45
CLERK OF COURT
HILLSBORO COUNTY, FL

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: Erika Carter
Address: 19046 Bruce B. Downs Blvd #601
Tampa, FL 33647

ARTICLE VII INCORPORATOR

**FILING CANCELLED
DUE TO RETURNED CHECK**

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

Name: Erika Carter
Address: 19046 Bruce B. Downs Blvd #601
Tampa, FL 33647


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 days prior or 90 days after the filing.)

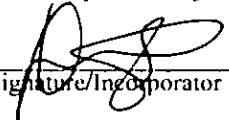
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

1/8/20
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

1/8/20
Date