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PICK-UP WAIT MAIL

(Business Entity Name)

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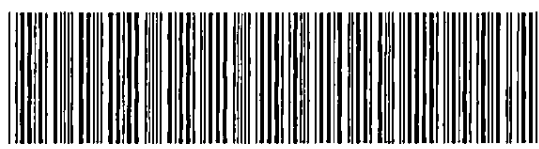
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

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FEB 28 2020



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2020 FEB 28 AM 11:27
TALLAHASSEE, FL

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TALLAHASSEE, FL
FILED

COVER LETTER

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

SUBJECT: FHD Credit Consultants, 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: Renita Bowman
Name (Printed or typed)

1913 Karen Lane
Address

Tallahassee, FL 32304
City, State & Zip

850-325-0105
Daytime Telephone number

FHDCreditConsultants@gmail.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: FHD Credit Consultants, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 1913 Karen Lane
Mailing address, if different is: _____
Tallahassee, FL 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Renita Bowman, President Name and Title: _____
Address: 1913 Karen Lane Address: _____
Tallahassee, FL
32304

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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TALLAHASSEE, 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: Benita Bowman
 Address: 1913 Karen Lane
Tallahassee, FL 32304

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 TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Benita Bowman
 Address: 1913 Karen Lane
Tallahassee, FL 32304

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:

Benita Bowman
 Required Signature/Registered Agent

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.

Benita Bowman
 Required Signature/Incorporator

FILED
 02-28-2020
 SECRETARY OF STATE
 TALLAHASSEE, FL
 Date: 02-28-2020