

7/24/2020

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

P2000055315

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
CREDIT FORCE INC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

20 JUL 24 PM 5:07

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DIVISION OF CORPORATIONS  
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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 FORCE INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2389 EAST VENICE AVENUE  
VENICE, FL 34292

Mailing address, if different is:

2389 EAST VENICE AVENUE  
VENICE, FL 34292

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

**ARTICLE IV SHARES**

The number of shares of stock is: 200

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ANTHONY ANDERSEN, PRESIDENT

Address: 2389 EAST VENICE AVENUE  
VENICE, FL 34292

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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(cont.)

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: ANTHONY ANDERSEN  
 Address: 2389 EAST VENICE AVENUE  
VENICE, FL 34292

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ANTHONY ANDERSEN  
 Address: 2389 EAST VENICE AVENUE  
VENICE, FL 34292

*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)

7.23.20  
 (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)

7.23.20  
 (Date)

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