

P20000071515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

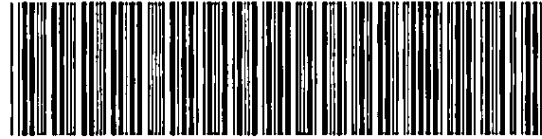
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2020 AUG -4 PM 3:52
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: ALAMO Credit SOLUTIONS 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: BRENDA DIANE STIVEY
Name (Printed or typed)

5131 PANTHER DR
Address

SPRING HILL, FLORIDA 34607
City, State & Zip

352-777-2247
Daytime Telephone number

ALAMOCREDIT@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

2020 AUG -14 PM 3:52
TALLAHASSEE, FL
STATE

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: ALAMO Credit Solutions INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
5131 PANTHER DR

Mailing address, if different is:

SPRING HILL FL 34607

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Repair Credit.
Do Consulting For clients

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brenda Spivey - President

Address: 5131 PANTHER DR
Spring Hill 34607

Name and Title: Sean Siros - Treasurer

Address: 6243 Gainsboro Ave
Spring Hill FL 34609

Name and Title: Jen Siros - Secretary

Address: 6243 Gainsboro Ave
Spring Hill FL 34609

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STATE OF FLORIDA

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: Bobby Spivey
Address: 5131 PANTHER DR
Spring Hill 34607
FL

ARTICLE VII INCORPORATOR

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

Name: Brenda Spivey
Address: 5131 PANTHER DR
Spring Hill FL 34607

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

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

Date

24 July 2020
2020 AUG -4 PM 3:52
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

September 2, 2020

To Whom it may concern:

I Taisha Patrone am writing to inform you that I have no interest in Alamo credit solutions LLC. And I have no interest in renewing the company. Please feel free to call me if you have any questions at 813-992-4201.

Best Regards


Taisha Patrone

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STATE
FL