P95000050015

6/21/95

DEAR SIRS,

ENCLOSED WITHIN PLEASE FIND A CHECK FOR \$122.50 ALONG WITH OUR CERTIFICATE OF INCORPORATION.

PLEASE RECOGNIZE OUR REQUEST FOR INCORPORATION AND THE RETURN OF OUR CERTIFIED ARTICLES.

YOURS TRULY,

300001523113 -06/26/95--01051--018 *****122.50

505



CERTIFICATE OF INCORPORATION

-of-DEBT MANAGEMENT ASSOCIATES INC.

WE, THE UNDERSIGNED, hereby associate ourselves together for the purpose of becoming a corporation under the Laws of the State of Florida, by and under the provisions of the Statues of the said State of Florida.

ARPICLE I

The name of this corporation shall be: DEBT MANAGEMENT ASSOCIATES INC.

ARTICLE II

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III

The maximum number of shares of capital stock that this corporation is authorized to have outstanding at any one time is FIVE HUNDRED (500) shares of common stock, having a par value of ONE (\$1.00) DOLLAR PER SHARE.

ARTICLE IV

The amount of capital with which this corporation will begin business shall be the sum of not less than FIVE HUNDRED (\$500.00) DOLLARS.

ARTICLE V

This corporation shall exist perpetually unless sooner dissolved according to law.

ARFICLE VI

The initial street address of the principal office of the corporation shall be:

 9850 SANDALFOOT BLVD. #210
BOCA RATON, FL 33428
·

ARTICLE VII

The number of Directors of this corporation shall be at least one (1) And no more than five (5).

ARPICLE VIII

Tho n	Amo:	n and	stroot	addrossos	of	tho	arodmom	of	tho	first	Board	oſ
				ition are								
GEORGE	1	VOVIN	Od									

GEORGE L. KOKINOS	
9850-SANDALFOOT-BLVD: #210	SANDRA AMERLING
BOCA RATON, FL, 33428	9850 SANDALFOOT BLVD.#210
	BOCA RATON, FL. 33428

VILLICIE IX

The names and street addresses of the persons signing these Articles of Incorporation as subscriber is as follows:

GEORGE L. KOKINOS	0050 017
·	9850_SANDALFOOT_BLVD: #210
SANDRA AMERLIJG	BOCA RATON, FL. 33428
(41401.100	9850 SANDALFOOT BLVD, #210
	BOCA RATON, FL. 33428
ARTICLE	χ

VILLICIE X

The corporate existence of this corporation shall begin on the date the Articles of Incorporation are filed of record.

IN WITNESS WHEREOF, the undersigned, GEORGE L. KOKINOS AND SANDRA AMERLING __, both being natural persons, competent to contract, have hereunte set their hands and seals this 21 _ day of

1 FACHER THEODORE MY COMMISSION # CC 402835 EXPIRES: August 24, 1998 Banded Thru Notary Public Underw

> KADMERITHEODORE CONSTITUTE # CC 402835

XPIRES: Sugar 24, 1998 **Eonded Thru Notary Public Underwriters**

STATE OF FLORIDA)

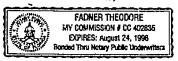
COUNTY OF Palm Beach

BEFORE ME, the undersigned Notary Public of the State of Florida personally appeared George L. Kolcins and Sandra O. Ancility me well known and known to me to be the individuals described in and who executed the foregoing Articles of Incorporation, and they acknowledged before me that they executed the same freely and voluntarily for the purpose therein expressed.

WITHESS my hand and official soal this 21st day of Some 1995

Notary Public, State of Florida FADNER THEODORE

(NOTARY SEAL)



CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 48.091, Florida Statues, the following is submitted, in compliance with said Act:
FIRST: That DEBT MANAGEMENT ASSOCIATES INC. dosiring to
as indicated in the Articles of Incorporation, in the City of BOCA RATON
County of PALM BEACH , State of Florida, has named STEVEN MILLER
, located at 9850 SANDALFOOT BLVD #210
BOCA RATON, FL 33428 , Florida, as its agent to accept services of process within this State.

ACKNOWLEDGEMENT

Having been named to accept services of process for the above stated corporation, at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

Вут

Resident Agent

9850 SANDALFOOT BLVD #101 **BOCA RATON FL. 33428**

TEL(407)488-0242 FAX(407)488-9905

1)ear Sirs,

refund PRB/16/95 PLEUSE MAINE ALL APPLICABLE Changes & Accept Jour 9 Check for \$4275 00 Check for \$43.75 FOR ARTHALS OF AMEN MONT & Certificate of Status

Tlantyw

*****43.75 *****43.75



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

August 23, 1995

DEBT MANAGEMENT ASSOCIATES 9850 SANDLEFOOT BLVD. #101 BOCA RATON, FL 33428

SUBJECT: DEBT MANAGEMENT ASSOCIATES INC.

Ref. Number: P95000050015

We have received your document for DEBT MANAGEMENT ASSOCIATES INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE PROVIDE AN ADDRESS FOR JACKIE MARTIN AS DIRECTOR.

PLEASE ONLY CHECK ONE BOX IN PART FOURTH.

The incorporator(s) cannot be amended or changed. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call

Karen Gibson Corporate Specialist

Letter Number: 595A00039458

STATE OF FLORIDA OFFICE OF THE COMPTROLLER APPLICATION FOR REFUND

Section 715.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Name: STEVE MILLER, DEBT MANAGEMENT ASSOCIATEIN or SS#: _

9850 SANDALFOOT BLVD., #101

mount: \$43.75 Date Paid 08/22/95	
eason for claim: WITHDRAWAL OF FILING AMENDMENT	
Certified true and correct this day ofSEPTEMBER	, 19 ⁹⁵
Signature SEE ATTACHED	
Must be completed if authority is other than Section 215.26, Florida 2	atutes.
For Agency Use Only Agency recommends approval of above claim and submits the following information	
Agency recommends approval of above claim and submits the following information	
substantiate the claim: Amount of recommended refund \$ 43.75	
substantiate the claim: Amount of recommended refund \$ 43.75 The amount requested above was originally deposited into the State Treasury as a factor of the State Treasury as a factor of the State Treasurer's Receipt No. 01028 013 dated 08/22/95	
substantiate the claim: Amount of recommended refund \$\frac{3}{43}.75\$ The amount requested above was originally deposited into the State Treasury as a p State Treasurer's Receipt No 01028 013 dated 08/22/95 DEBT MANAGEMENT ASSOCIATES, INC. Name of Account	art of the funds deposited
Substantiate the claim: Amount of recommended refund \$\frac{1}{4}\frac{1}{2}\cdot 75\$ The amount requested above was originally deposited into the State Treasury, as a positive of the state of the s	art of the funds deposited
Substantiate the claim: Amount of recommended refund \$\frac{3}{43.75}\$ The amount requested above was originally deposited into the State Treasury as a positive of the control of the state of the state of the control of the contr	art of the funds deposited
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Substantiate the claim: Amount of recommended refund \$ 43.75 The amount requested above was originally deposited into the State Treasury as a formula of the state of the st	ort of the funds deposited
Substantiate the claim: Amount of recommended refund \$ 43.75 The amount requested above was originally deposited into the State Treasury as a y State Treasurer's Receipt No. 01028 013 dated 08/22/95 DEBT MANAGEMENT ASSOCIATES INC. Name of Account 45.2.0.2.1.3.0.0.0.1.4.5.3.0.0.0.0.0.0.0.0.0.0.0.1.0.0 Statutory Authority for Collection 607.0122 It is requested that payment be made from the following account:	ort of the funds deposited
Substantiate the claim: Amount of recommended refund \$ 43.75 The amount requested above was originally deposited into the State Treasury as a formula of the state of the st	ort of the funds deposited 0 0
State Treasurer's Receipt No. O1028 O13 dated 08/22/95 DEBT NANAGEMENT ASSOCIATES, INC. Name of Account 45202130001453000000000000100 Statutory Authority for Collection 607.0122 It is requested that payment be made from the following account: NAME OF ACCOUNT: 45202130001453000000000220020	ort of the funds deposited 0 0

Address:

Debt Management Associates, Inc.

9850 Sandalfoot Blvd. #101 Boca Raton, Fl. 33428

Tel.(407) 488-0146 Fax.(407) 488-9905

Florida Department of State Karen Gibson P.O. Box 6327 Tallahassee, Fl. 32314

Re: See Attached.

Dear Ms. Gibson,

On August 23, 1995 we filed our corporate amendment papers. Division of Corporations returned our forms for lack of proper information.

In the interim we decided to leave things status quo. In this letter we respectfully request a refund for both Lincoln Credit & Debt Management Corps. totaling the amount of \$87.50

Thank you for your consideration and please contact me if you have any questions.

Respectfully,

Steve Miller General Manager

9500050015

LINCOLN CREDIT SERVICES INC. 9850 SANDALFOOT BLVD STE 210 BOCA RATON, FL 33428 OFFICE USE ONLY

FILED
85 SEP 18 AH II: 22
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SEORET AND OF STATE

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1.	(Corporation Name)	(Document #)
2.	(Corporation Name)	(Document #)
3.	(Corporation Name)	(*) InemusoC)
4.	(Corporation Name)	(Document #) 000001588070 -03/15/3501064012
	Walk in Pick up time	Certified Copy ************************************

Mail out	Will wait	Photocopy	Certificate of Status
			

NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger

OTHER FILINGS	REGISTRATION OUALIFICATION	
Annual Report	Foreign	
Fictitious Name	Limited Partnership	
Name Reservation	<u> </u>	
	Reinstatement	
	Trademark	
	Other	

Examiner's Initials

CR2E031(10/92)

DEBT MANAGEMENT ASSOCIATES INC.

9850 SANDALFOOT BLVD #101 BOCA RATON FL. 33428 TEL(407)488-0242 FAX(407)488-9905

DEAR SIRS,

Please find enclosed our check for our CORPORATE Amendment & A CERTIFIED COPY
OUR # 13 407 488-0242

Thank you very much

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF

DEBT MANAGEMENT ASSOCIATES INC (present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended added or deleted)

TO ADD ARTICLE XI TO CERTIFICATE OF INCORPORATION NAMING DENNIS C. McDEVITT ESQ.

PRESIDENT OF DEBT MANAGEMENT ASSOCIATES INC.



SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: SEPT.13, 1995

FO	URTH: Adoption of Amendment(s) (CHECK ONE)
	The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
	The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
	"The number of votes cast for the amendment(s) was/were
	sufficient for approval by
	voting group
X	The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
	The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
	Signature X (By the Chairman or Vice Chairman of the Board of Directors, President or ever officer if adopted by the shareholders)
	OR
	(By a director if adopted by the directors)
	OR
	(By an incorporator if adopted by the incorporators)
	Crops I POVINGS
	GEORCE L. KOKINOS Typed or printed name
	· · · · · · · · · · · · · · · · · · ·
	CHAIRMAN, BOARD OF DIRECTORS
	Title

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