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SEGREFART OF STATE TALLAHASSEE, FLORIDA

Department of State **Division of Corporations** 

CHORDO SANGEATO 9 -11706/96 - 010 14004
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P. O. Box 6327 Tallahassee, FL 32	314			
SUBJECT:	DUNNWORTH C	REDIT SERVIC	ES CORPORATIO	
Enclosed is an origi	nal and one(1) copy of the articl	es of incorporation and a	check for :	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	S122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM: WILLIAM J. LENNOW  Name (Printed or typed)				
6900 N. KEMDALL DR. A308				
	MIAMI, FL.			
City, State & Zip				
	305 718		$\Delta l k$	

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

#### ARTICLES OF INCORPORATION

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The undersigned incorporator(s), for the purpose of forming a corporation under the Morita Business LORIDA Corporation Act, hereby adopt(s) the following Articles of Incorporation.

> ARTICLE I NAME

The name of the corporation shall be:

DUNINWORTH CREDIT SERVICES CORPORATION

PRINCIPAL OFFICE ARTICLE II

The principal place of business and mailing address of this corporation shall be:

6900 N. KENDALL DR. 4308 MIAMI, FL. 33156

> SHARES ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time 100 SHARES X , 01 = #1.00

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV The name and address of the initial registered agent is:

> WILLIAM J. LEVINOU 6900 N. KEUDALL DR. A308 MIAMI, FL. 33156

### ARTICLE V INCORPORATOR(S)

## See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

WILLIAM J. LENWON 6900 N. KENDALL DR. A308 MIAMI, FL. 33156

A CORPORATION FURMED TO PROVIDE THE FOLLOWING SERVICES, BUT NOT LIMITED TO:
1. COMMEDCIAL, PRIVATE AND MEDICAL COLLECTIONS 2. CREDIT ANALYSIS 3. STAFF TEAINING
A. COMBULTING IN ALL ASPECTS OF THE CREDIT AMD

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

30TH day of OCTOBETZ 19 96.

(An additional article must be added if an effective date is requested.)

Signature

Signature

# Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA SAPTUMESELVEORIDA UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1	The name of the corporation is:	DUNNWORTH CREDIT SERVICES
••	- In the last of t	CORPORATION
2.	The name and address of the regis	stered agent and office is:
	WILLIA	(NAME)
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)		
	MIAMI	, FL. 33156 (CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(SIGNATURE) 10.30.96 (DATE)