

P96000092679

TRANSMITTAL LETTER

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

SUBJECT: Beacon Debt Restructuring, Inc.
(Proposed corporate name - must include suffix)

000001998850--0
-11/07/96--01038--011
****122.50 ****122.50

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM:

Gwen Mueller
Name (printed or typed)

10220 NW 33 Place
Address

Surprise, FL 33351
City, State & Zip

(954) 741-4822
Daytime Telephone number

NOV 13 1996 BSB

FILED
96 NOV -7 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLES OF INCORPORATION

OF

Beacon Debt Restructuring, Inc.

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

ARTICLE I NAME

The name of the corporation shall be:

Beacon Debt Restructuring, Inc.

ARTICLE II PRINCIPAL OFFICE

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

10220 NW 33 Place
Sunrise, FL 33351

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Scott Mahan 10220 NW 33 Place
Sunrise, FL
33351

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

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

President, Gwen E. Mueller
10220 NW 33 Place Sunrise, FL 33351

Vice-President, Scott Mahan
10220 NW 33 Place Sunrise, FL 33351

Sec./Treasurer, Sally Henson
11262 SW 12 Court Ft. Lauderdale, FL
33325

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

3rd day of November, 1996.

Gwen E. Mueller
Signature

Scott Mahan
Signature

Sally Henson
Signature

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE 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: Beacon Debt Restructuring, Inc.

2. The name and address of the registered agent and office is:

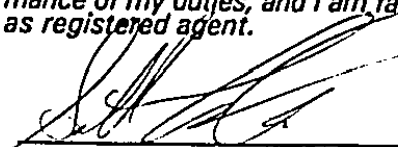
Scott Mahan
(Name)

10220 NW 33 Place
(P.O. Box not acceptable)

Sunrise, FL 33351
(City/State/Zip)

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TALLAHASSEE, FLORIDA

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)