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FLORIDA DIVISION OF CORPORATIONS
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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: FAS-T CORP. AGENTS, INC.
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NAME: CREDIT REPAIR CONSULTANTS, INC.
AUDIT NUMBER.....H98000002499
DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

me 2/6/98

ARTICLES OF INCORPORATION
OF

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CREDIT REPAIR CONSULTANTS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be:

CREDIT REPAIR CONSULTANTS, INC.

The principal place of business of this corporation shall be:

12951 PORT SAID RD. BAY#16 OPA-LOCKA, FL 33054

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time

1,000 SHARES AT \$1.00 PAR VALUE

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

PRESIDENT/ ALBERTO M. MONTES
12951 PORT SAID RD. BAY#16
OPA-LOCKA, FL 33054

PREPARED BY: ALBERTO M. MONTES
12951 PORT SAID RD. BAY#16
OPA-LOCKA, FL 33054
(305)824-3411

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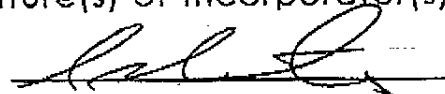
ARTICLE VI. INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

PRESIDENT/ ALBERTO M. MONTES
12951 PORT SAID RD. BAY#16
OPA-LOCKA, FL 33054

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 4th day of ~~February~~ 1997.

Signature(s) of Incorporator(s)



H98000002499

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:

CREDIT REPAIR CONSULTANTS, INC.

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

ALBERTO M. MONTES 12951 PORT SAID RD. BAY#16

(P.O. BOX NOT ACCEPTABLE)

OPA-LOCKA, FL 33054

(CITY/STATE/ZIP)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SIGNATURE

TITLE

PRESIDENT

DATE

FEBRUARY 4, 1998

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

DATE

FEBRUARY 4, 1998