P9800069658

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

500002599315--C -07/27/98--01068--001 *****70.00 *****70.00

SUBJECT: R	eceivable Ac	Counts Ma ate name - must include suf	raeeine.	_t In	<u>.</u>	
	- (Proposed corpor	- · · ·			-	-
Enclosed is an origina	al and one(1) copy of the articles	s 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:	Robert Attwo Name (Pr	ADDITIONAL CO	PY REQUII		or alle 10	
·	Box 171 - 1776	Polk 5+	and straight of		10 AM 8: 42	
		33070 State & Zip	· · · · · · · · · · · · · · · · · · ·	RIDA RIDA	\$ 2	-

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

Daytime Telephone number

FILED

98 AUG 10 AM 8: 42

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

The name of the corporation shall be: Receivable Accounts Management Inc. PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: POB_{9x} 27 17 66 Hollywood FL 33077 ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: (10,000,000) 10 Million INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: Robert Attwood Box 171-1776 Polk st Hollywood FL 33020 *INCORPORATOR* The name and address of the incorporator to these Articles of Incorporation are: Robert Att wood Box 171 1776 Polk 5+ Holly weed FL 33020

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

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

Signature/Registered Agent

Date