## P9800007/347

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

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AUG 1 4 1998

BJECT: CONS	UMER_CREDIT SERVICES, (Proposed corpo	INC. rate name - must include suf	fix)	
		,		
losed is an original	and one(1) copy of the articl	es of incorporation and a	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	
		ADDITIONAL CO	DPY REQUIRED	
FROM:	JAMES J. HAMMOND Name (P	rinted or typed)		
	7750 ARBLE DRIVE	Address	SECRET/ TALLAHA	a T
	JACKSONVILLE, FL 32211			
	904–745–8164		STATE STATE LORIDA	
	Daytime T	elephone number	_	

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

## ARTICLES OF INCORPORATION

FILED

98 AUG 12 PM 4: 36

SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be: CONSUMER CREDIT SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

7750 ARBLE DRIVE JACKSONVILLE, FL 32211

ARTICLE III SHARES

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

ONE HUNDRED ---

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

JAMES J. HAMMOND 7750 ARBLE DRIVE

JACKSONVILLE, FL 32211

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

JAMES J. HAMMOND 7750 ARBLE DRIVE JACKSONVILLE, FL 32211

Signature/Incorporator

10 78

(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 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/Registered Agent

0/2%

Date