

TRANSMITTAL LETTER

948000084988

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

200002654432--8  
-10/02/98--01062--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: FRESH START CREDIT CLINIC CORP.  
(Proposed corporate name - must include suffix)

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

ADDITIONAL COPY REQUIRED

FROM: GARY W. RUBIN  
Name (Printed or typed)

18758 SW 344 DR #172  
Address

FLORIDA CITY, FL 33034  
City, State & Zip

(305) 246-8363 (305) 941-5725  
Daytime Telephone number  
PAGER

FILED  
98 OCT -2 AM 9:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

10-5-98  
mm

## 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.

### ARTICLE I NAME

The name of the corporation shall be:

FRESH START CREDIT CLINIC CORP.

### ARTICLE II PRINCIPAL OFFICE

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

18758 SW 344 DR. #172  
FLORIDA CITY, FL. 33034

### ARTICLE III SHARES

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

1000 - ONE THOUSAND

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

GARY W. RUBIN  
18758 SW 344 DR. #172 FLORIDA CITY, FL. 33034

### ARTICLE V INCORPORATOR

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

GARY W. RUBIN  
18758 SW 344 DR. #172  
FLORIDA CITY, FL. 33034

Gary W Rubin  
Signature/Incorporator

9-29-98  
Date

(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

Gary W Rubin  
Signature/Registered Agent

9-29-98  
Date

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TALLAHASSEE, FLORIDA