

CHERYL A. PURCELL  
538 N. PARRAMORE AVE  
ORLANDO, FL 32801  
(407) 425-4265 (FAX) (407) 422-1161

P99000037778

April 12, 1999

State of Florida  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

400002839694--3  
-04/15/99-01030-002  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

To Whom it May Concern:

Please find enclosed the Certificate of Incorporation for Receivables' Doctor, Inc.

Enclosed is my check to cover the cost of the Incorporation.

Thanking you in advance for all consideration given to this matter, I remain

Sincerely,



Cheryl A. Purcell

Enclosures: Certificate of Incorporation (2 copies)  
Check for \$70.00

FILED  
99 APR 26 AM 8:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BROCK APR 27 1999

169900009291  
02590



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

April 20, 1999

CHERYL A. PURCELL  
538 N. PARRAMORE AVE  
ORLANDO, FL 32801

SUBJECT: RECEIVABLES' DOCTOR, INC.  
Ref. Number: W99000009291

We have received your document for RECEIVABLES' DOCTOR, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as incorporator in the document and the person signing as incorporator must be the same.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6925.

Barbara Brock  
Document Specialist

Letter Number: 599A00020336

**CERTIFICATE OF INCORPORATION  
OF  
RECEIVABLES' DOCTOR, INC.**

FILED  
99 APR 26 AM 8:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**We, the undersigned, do hereby subscribe hereto for the purpose of forming a corporation under the Laws of the State of Florida, by and under the provisions of the Statutes of the State providing for the formation, liability, rights, privileges, and immunities of a corporation for profit.**

**ARTICLE I**

**The name of this corporation shall be:  
RECEIVABLES' DOCTOR, INC.**

**ARTICLE II**

**This corporation shall have the power, privilege and right to engage in any activity or business permitted under the laws of the United States of America and the State of Florida.**

**ARTICLE III**

**The amount of capital which the corporation shall begin business shall be \$1,000.00.**

**ARTICLE IV**

**The amount of the total authorized capital stock of the corporation shall be 10,000 shares, all of which shall be common stock with par value of \$1.00.**

**ARTICLE V**

**The corporation shall have perpetual existence.**

**ARTICLE VI**

**The principal office shall be located at:**

**16057 Tampa Palms Blvd., #289  
Tampa, Florida 33647**

**ARTICLE VII**

**The number of its directors shall be two (2), but the By-Laws may provide for such increase or decrease in number thereof as is authorized by law.**

**ARTICLE VIII**

**The names and mailing addresses of the members of the first board of directors are:**

**Shelah Kaufman  
4602 E. Poinsettia Avenue  
Tampa, Florida 33617**

**Melinda T. Scaffe  
606 Lighset Lane  
Lutz, Florida 33549**

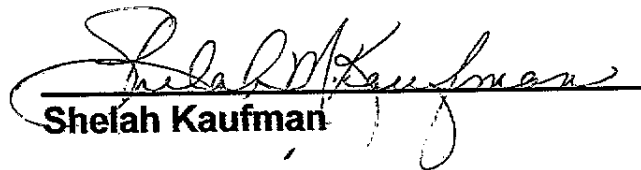
**ARTICLE IX**

**The names and mailing addresses of the subscribers to this Certificate of Incorporation, and the number of shares each agrees to take are as follows:**

**Shelah Kaufman  
4602 E. Poinsettia Avenue  
Tampa, Florida 33617  
500 shares**

**Melinda T. Scaffe  
606 Lighset Lane  
Lutz, Florida 33549  
500 shares**

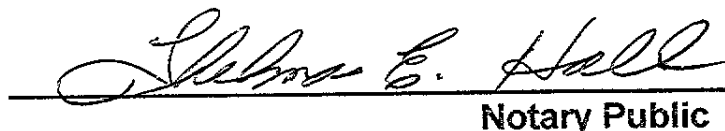
IN WITNESS WHEREOF the undersigned have made and subscribe this Certificate of Incorporation at the City of Tampa, County of Hillsborough, State of Florida, for the uses and purposes aforesaid.

  
Shelah Kaufman

(STATE OF FLORIDA)  
COUNTY OF Hillsborough

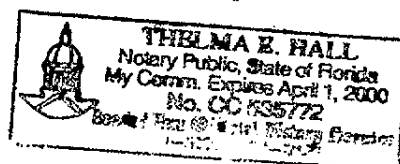
I HEREBY CERTIFY that on this day before me, the undersigned officer(s) duly authorized and appointed, personally appeared Shela Kaufman well known to be the person(s) described in and who subscribed the above and foregoing Certificate of Incorporation; and they freely and voluntarily acknowledged before me according to Law, that they made and subscribed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at the City of Tampa, County of Hillsborough, State of Florida, this 30<sup>th</sup> day of March, 19 99.

  
Notary Public

My Commission Expires:

4



IN WITNESS WHEREOF the undersigned have made and subscribe this Certificate of Incorporation at the City of Tampa, County of Hillsborough, State of Florida, for the uses and purposes aforesaid.

Melinda T. Scaffe  
Melinda T. Scaffe

(STATE OF FLORIDA)  
COUNTY OF Hillsborough )

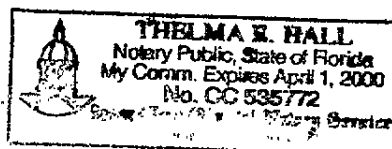
I HEREBY CERTIFY that on this day before me, the undersigned officer(s) duly authorized and appointed, personally appeared Melinda Scaffe well known to be the person(s) described in and who subscribed the above and foregoing Certificate of Incorporation; and they freely and voluntarily acknowledged before me according to Law, that they made and subscribed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at the City of Tampa, County of Hillsborough, State of Florida, this 30th day of March, 1999.

Thelma E. Hall  
Notary Public

My Commission Expires:

5



**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR  
DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS  
STATE, NAMING AGENT UPON WHOM PROCESS MAY BE  
SERVED.**

**CHERYL A. PURCELL  
538 N. PARRAMORE AVENUE  
ORLANDO, FL. 32801**

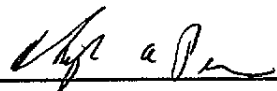
**In Pursuance of Chapter 48.091, Florida Statutes, the  
following is submitted, Inc. compliance with said Act:**

**First - RECEIVABLES DOCTOR, INC., desiring to organize  
under the Laws of the State of Florida with its principal office, as  
indicated in the Certificate of Incorporation at City of Orlando,  
County of Orange, State of Florida, has named Cheryl A. Purcell  
of 538 N. Parramore Ave., Orlando, FL 32801, County of Orange,  
State of Florida, as its agent to accept service of process within  
this State.**

**ACKNOWLEDGEMENT:**

**Having been named to accept service of process for the  
above stated corporation, at place designated in this Certificate,  
hereby accept to act in this capacity, and agree to comply with  
the provision of said Act relative to keeping open said office.**

**BY:**



**Cheryl A. Purcell**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**99 APR 26 AM 8:49**

**FILED**