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

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900002995779—3 -09/24/99-01019-005 -09/24/98-75 *****78.75

SUBJECT:	PROFESSIO (Proposed corpor	nal CRE rate name - must include suff		liEF AMPF Inc.	
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 of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM: CATHUM White Name (Printed or typed)					
350 LAKEWOOD Place # 140					
	BRANZO City,	N F L	3351	<i>O</i>	
813 - 655 - 0290 Daytime Telephone number					

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

(SCa/28/99

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 The name of the corporation shall be: Professional Credit Relief of Tampa, ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: BUSINESS- 7609 N. SGH SHEET TAMPA FL 33617 MAILING - P.O. BOX 2173 MANSO, FL 33550 ARTICLE III **SHARES** The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 10,000 INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: Cothy White Lakewood Place # 140 Brandon, FC 33510 INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are:

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

350 Laboured Place # 140

Brandon, FL 33510

Traving been numed as registered agent and to accept service of process for	or the above stated corporation at the place designated is
this certificate, I hereby accept the appointment as registered agent and ag	gree to act in this capacity. I further agree to comply with
the provisions of all statutes relating to the proper and complete performe	ance of my duties, and I am familiar with and accept the
obligations of my position as registered agent	
obligations of my position as registered agent	9-17.99
Signature/Registered Agent	Date