

P22000041029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

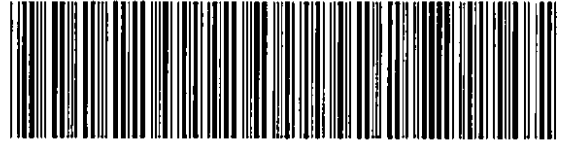
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/25/22--01023--018 **70.00

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

DEBT ALLIANCE USA INC

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

Signature _____

Requested by: SETH

05/24/22

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2021 MAY 25 AM 8:52

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COVER LETTER

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

SUBJECT: Debt Alliance USA Inc

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Denise DeRosa

Name (Printed or typed)

7375 Viale Angelo

Address

Delray Beach, FL 33446

City, State & Zip

(786) 742-1008

Daytime Telephone number

info@debtallianceusa.com

E-mail address: (to be used for future annual report notification)

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

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

2021 MAY 25 AM 8:52

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: Debt Alliance USA Inc

ARTICLE II PRINCIPAL OFFICE
Principal street address: 2424 N Federal Hwy Ste 366
Boca Raton, FL 33431

Mailing address, if different is: 2424 N Federal Hwy Ste 366
Boca Raton, FL 33431

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: any and all lawful business

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Denise DeRosa - President</u>	Name and Title:	_____
Address:	<u>678 Timber Trace Ln Apt 105</u>	Address:	_____
	<u>Titusville, FL 32780</u>		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____

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CLERK OF COUNTY OF PALM BEACH
STATE OF FLORIDA

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Denise DeRosa
 Address: 678 Timber Trace Ln Apt 105
 Titusville, FL 32780

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Denise DeRosa
 Address: 678 Timber Trace Ln Apt 105
 Titusville, FL 32780

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/18/2022 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Denise DeRosa _____ 05/23/2022
 Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Denise DeRosa _____ 05/23/2022
 Required Signature/Incorporator Date

DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 1711 LAKEWOOD BLVD
 TALLAHASSEE, FL 32310
 2021 MAY 25 AM 8:52
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