# P030000744/3

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# TRANSMITTAL LETTER

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

SUBJECT: MASTER'S FINANCIAL SERVICES, INC.

I enclose an original and 1 Copy(ies) of the Articles of Incorporation for the above corporation and a check in the amount of  $$\frac{70.00}{}$ .

I also enclose a check in the amount of \$8.75 to request a Certified copy of Articles of Incorporation filed within.

06/25/03

Thank you.

From:

CARLOS VELA 1691 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071 954-854-6609

THE CASE D

# ARTICLES OF INCORPORATION OF

-03 JUN 30 AM IO: 43

SECKLIARY OF STATE
TALLAHASSEE, FLORIDA

MASTER'S FINANCIAL SERVICES, INC.

#### ARTICLE I

# NAME

The name of the corporation shall be:

MASTER'S FINANCIAL SERVICES, INC.

#### ARTICLE II

#### PRINCIPAL OFFICE

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

1691 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071

#### ARTICLE III

#### CAPITAL STOCK

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

100 (ONE HUNDRED)

#### ARTICLE IV

# INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

CARLOS VELA 1691 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071 954-854-6609

# ARTICLE V

# **INCORPORATOR**

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

CARLOS VELA 1691 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071 954-854-6609

The undersigned has executed these Articles of Incorporation this <u>25th</u> day of June, 2003.

CARLOS VELA, Incorporator

FILED

#### CERTIFICATE OF DESIGNATION

03 JUN 30 AM 10: 43

# REGISTERED AGENT / REGISTERED OFFICE

JECRETARY OF STATE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned HASSEE, FLORID. corporation, organized under the laws of the State of Florida, submits the following statement in the designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

MASTER'S FINANCIAL SERVICES, INC.

2. The name and address of the registered agent and office is:

CARLOS VELA 1691 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071 54-884-6609

Signature:

PRESIDENT

Date:

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICES 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—LFURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUES RELATING TO THE PROPER AND COMPLETE PERFORMANCE ON MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature: