

P08000095154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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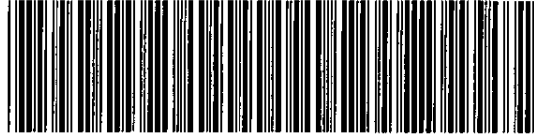
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 OCT 22 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W08000045259

EP 10/22/08

COVER LETTER

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

SUBJECT: Urban Financial Solutions 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: Raheem Smith
Name (Printed or typed)

4649 Cason Cove Dr. Unit 2512
Address

Orlando Fl. 32811
City, State & Zip

407- 556- 4565
Daytime Telephone number

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

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:

Urban Financial Solutions Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

4649 Cason Cove Dr. Unit 2512
Orlando Fl. 32811

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide financial materials and service to our clients.

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Raheem Smith 4649 Cason Cove Dr. Unit 2512
President Orlando fl. 32811

Lee Hall
V. President

1610 24th st
Orlando FI 32805

ARTICLE VI REGISTERED AGENT

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

Raheem Smith 4649 Cason Cove Dr. Unit 2512 Orlando FI 32811

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Urban Financial Solutions Inc. - Raheem Smith
4649 Cason Cove Dr. Unit 2512
Orlando fl 32811

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

Signature/Registered Agent

Date

Signature/Incorporator

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA