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FAX No.

P. 001

Florida Department of State  
Division of Corporations  
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**FOREIGN PROFIT/NONPROFIT CORPORATION  
WILSON CHECK CASHING, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
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STATE  
TALLAHASSEE, FLORIDA

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FAX No.

P. 002

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAY 29 AM 11:10

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. WILSON CHECK CASHING, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ino.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW JERSEY

(State or country under the law of which it is incorporated)

3. 06-1581600

(FEI number, if applicable)

4. 03/30/2000

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 8518 SW 40 STREET. MIAMI, FL 33155

(Principal office address)

8518 SW 40 STREET. MIAMI, FL 33155

(Current mailing address)

8. MONEY SERVICE BUSINESS

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

ELADIO M. VAZQUEZ

Office Address:

8518 SE 40 STREET

MIAMI, FLORIDA

(City)

, Florida 33155

(Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Ⓢ Eladio M. Vazquez

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

## 12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**Chairman: ELADIO M. VAZQUEZAddress: 6 COUNTRY CLUB LANE  
ELIZABETH, NEW JERSEY 07208Vice Chairman: AMPARO ARMENDARIZAddress: 6 COUNTRY CLUB LANE  
ELIZABETH, NEW JERSEY 07208

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**President: ELADIO M. VAZQUEZAddress: 6 COUNTRY CLUB LANE  
ELIZABETH, NEW JERSEY 07208Vice President: AMPARO ARMENDARIZAddress: 6 COUNTRY CLUB LANE  
ELIZABETH, NEW JERSEY 07208

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. (x)



Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. ELADIO M. VAZQUEZ President

(Typed or printed name and capacity of person signing application)

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

**WILSON CHECK CASHING, INC.**

0100812269

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on March 30, 2000.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and registered office are:*

*Wilson Check Cashing Inc.  
5876 Stockton Street  
Newark, NJ 07105*



Certification# 132386386

*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed my  
Official Seal at Trenton, this  
29th day of May, 2014*

A handwritten signature in black ink, appearing to read "Andrew P. Sidamon-Eristoff".

*Andrew P Sidamon-Eristoff  
State Treasurer*

Verify this certificate at  
[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)