DODOOOS/458 TRANSMITTAL LETTER

OO FEB 24 PH 2:20

ALAHASSEE, FLORIDA

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

SUBJECT:	Florida Payro	ll Advance, Inc.		
	(Proposed cor	porate name - must include su	ffix)	
			20000314	16522—-0 01072014 75 *****78.75
Enclosed is an original a	and one(1) copy of the artic	les of incorporation and a	check for :	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:	Pleiman & Co., PA Name (Printed or typed)			
	9471 Baym	eadows Road Suite Address	308	55 · · ·
	Jacksonvi City,	Lle, FL 32256 State & Zip		
- 	904-448-50	005		
	Daytime T	elephone number		4

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

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.

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<u>ARTICLE I NAME</u>

The name of the corporation shall be:

Florida Payroll Advance, Inc.

ARTICLE II PRINCIPAL OFFICE

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

4649 Arthur Durham Drive Jacksonville, FL 32210

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Pleiman & Company, PA

Thomas C. Pleiman, Jr. 9471 Baymeadows Road Suite 308

Jacksonville, FL 32256

ARTICLE V INCORPORATOR

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

Pleiman & Company, PA

Thomas C. Pleiman, Jr.

9471 Baymeadows Road Suite 308

Jacksonville, FL 32256

Signature/Incorporator

Date

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

Having been named as registered agent and to accept service 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. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

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Date