

P 00000055296  
TRANSMITTAL LETTER

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

500003271005--0  
-05/30/00--01132--020  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

**SUBJECT:** Accurate Financial, Inc.

**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed is 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**

STATE OF FLORIDA  
TALLAHASSEE

00 MAY 30 AM 1:19

FILED

**FROM:** Gary F. Ellwood  
Name (Printed or typed)

3327 Hatcher Street

Address

Fort Pierce, Florida 34981

City, State & Zip

(561) 201-0425

Daytime Telephone number

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

F. STATE  
JUN 8 2000

# 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: Accurate Financial, Inc

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 3327 Hatcher Street, Fort Pierce, Fl 34981

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Management company

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

## ARTICLE VI REGISTERED AGENT


The name and Florida street address registered agent is: Gary F. Ellwood  
3327 Hatcher Street  
Fort Pierce, Florida 34981

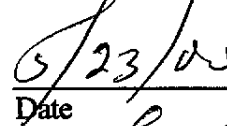
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Gary F. Ellwood  
3327 Hatcher Street  
Fort Pierce, Florida 34981

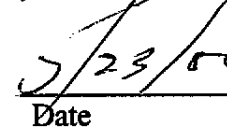
\*\*\*\*\*

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 5/23/00

  
Signature/Incorporator

  
Date 5/23/00

FILED  
00 MAY 30 AM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA