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TRANSMITTAL LETTER

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

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-10/25/00--01067--003
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SUBJECT: CASH ASSOCIATES OF CENTRAL FLORIDA INC.
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$ 70⁰⁰.

FROM:

CASH ASSOCIATES OF CENTRAL FLORIDA INC.
Name (printed or typed)
53 GOLDEN GATE CIRCLE
Address
PORT ORANGE, FL 32119
City, State, & Zip
(904) 756-9652
Telephone Number

FILED
00 OCT 25 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: Please provide the original and one copy of the Articles.

[Handwritten signature]
10-24

FILED
00 OCT 25 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF

CASH ASSOCIATES OF CENTRAL FLORIDA, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

CASH ASSOCIATES OF CENTRAL FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

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

53 GOLDEN GATE CIRCLE
PORT ORANGE, FL 32119

ARTICLE III SHARES

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

1,000,000 SHARES
= \$ 1.00 A SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

THAYAN BRUCE CROFT
53 GOLDEN GATE CIRCLE
PORT ORANGE, FL 32119

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

THAYAN BRUCE CROFT
53 GOLDEN GATE CIRCLE
PORT ORANGE, FL 32119

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

EIGHTEENTH day of OCTOBER, 20 00.


Signature

Signature

Signature

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: CASH ASSOCIATES OF
CENTRAL FLORIDA, INC.

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

THAYAN BRUCE CROFT
(NAME)
53 GOLDEN GATE CIRCLE
(P.O. BOX NOT ACCEPTABLE)
PORT ORANGE, FL 32119
(CITY/STATE/ZIP)

FILED
00 OCT 25 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Thayan Bruce Croft

DATE

10-18-2000