APR-24-2001 305 541 3770 LAVINGE OF COLDCOMINGER 20004138

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000043190 7)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0381

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone

: (305)634-3694

Fax Number

: (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

A. BEN CHECK CASHING STORE, INC.

Certificate of Status	ı o
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75



April 23, 2001

EMPIRE

SUBJECT: A. BEN CHECK CASHING STORE, INC.

REF: W01000009073

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent and street address must be consistent wherever it appears in your document.

If you have any further questions concerning your document, please call (850) 487-6067.

Neysa Culligan Document Specialist New Filing Section

FAX Aud. #: H01000043190 Letter Number: 201A00023778

H 01000043190

ARTICLES OF INCORPORATION

ÖF

A. BEN CHECK CASHING STORE, INC.

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE!

The name of this corporation shall be: A. BEN CHECK CASHING STORE, INC.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation: 6983 STIRLING ROAD, DAVIE, FL 33313

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue are 100 shares having 1.00 individual par value.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be: ABRAHAM BENOIT 2783 SW 129TH TERR., PEMBROKE PINES, FL 33027

ARTICLE VII

The name and address of the officers and initial board of director(s) shall be:

PRES/SEC/DIR ABRAHAM BENOIT

2783 SW 129TH TERR., PEMBROKE PINES, FL 33027

ARTICLE VIII

The name and address of the incorporator executing these Articles of Incorporation is:

Empire Corporate Kit of America, Inc. 2444 N.W. 7TH PLACE MIAMI, FL 33127

The undersigned has executed these Articles of Incorporation this 20TH day of <u>APRIL</u>, 2001.

Ray Stormont Signing for Empire Corporate Kit of America, Inc.

H n1000043190

CERTIFICATE OF DESIGNATION REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statues, 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.

First that A. BEN CHECK CASHING STORE, INC.

(Name of Corporation)

desiring to organize under the laws of the State of <u>FLORIDA</u> (Florida)

with its principal office, as indicated in the articles of incorporation has named ABRAHAM BENOIT

(Name of Registered Agent)

2 located at ADDRESS:

2783 s.w 129th Terr, PEMBROKE PINES, FL 3027

BROWARD

(County)

State of Floridz, as its agent to accept service of process within this state.

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

H 01000043190