

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

P02000085890

County Asset Disbursement
Agency Inc

FILED
02 AUG -7 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-08/08/02--01003--005
*****70.00 *****70.00

- ☒ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☐ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☐ Cert. Copy
- ☒ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

RECEIVED
02 AUG -7 PM 3:42
TALLAHASSEE, FLORIDA

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

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:

County Asset Disbursement Agency, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

571613 Arbor Club Way
Boca Raton, Fl 33433**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

15

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Ronald Siegal
571613 Arbor Club Way
Boca Raton, Fl 33433**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Ronald Siegal
571613 Arbor Club Way
Boca Raton, Fl 33433

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

Signature/Incorporator

Date

Date

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