

SUBJECT:	MASTER CHECK CASHI (PROPOSED CORPORA)	NG, INC. TE NAME – <u>MUST INCLU</u>	JDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	a check for:		
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of		
		ADDITIONAL CO			
FROM:	MASTER CHECK CAS Name		<del>90007</del> 6! -09/11/0 ******78.	5769: 2-01016 .75 ***	9: 009 **78.75
		Address 106 State & Zip			-
— (407) 896-7113  Daytime Telephone number				02 SEP 11 P SECRETARY O	POR THE PROPERTY OF THE PROPER
	NOTE: Please provide the of	gihal and one copy of	the articles.	PH 2: 03  OF STATE OF ORIDA	

## 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:

MASTER CHECK CASHING, INC.

## ARTICLE II PRINCIPAL OFFICE - .

The principal place of business/mailing address is:

3842 CURRY FORD RD. ORLANDO, FL 32806

#### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

CHECK CASHING

#### ARTICLE IV SHARES

The number of shares of stock is:

10,000 AT A PAR VALUE OF \$1.00 ea.

# ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

HUMBERTO COLLAZO, PRESIDENT

136 VISTA OAK DR.

LONGWOOD, FL 32779

### ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> of the registered agent is:

HUMBERTO COLLAZO

136 VISTA OAK DR

LONGWOOD, FL 32779

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

HUMBERTO COLLAZO

136 VISTA OAK DR

LONGWOOD, FL

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

gnature/Registered Agent