

P02000115743

TRANSMITTAL LETTER

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

900007688549--1
-09/12/02--01036--012
*****78.75 *****78.75

SUBJECT: Capital Financing Services, Corp.
(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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Armando Rodriguez

Name (Printed or typed)

P.O. Box 127449

Address

Hialeah, FL 33012

City, State & Zip

786-486-6179

Daytime Telephone number

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 OCT 28 AM 8:02

F. O. HESSER OCT 29

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

W-26798



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

September 26, 2002

ARMANDO RODRIGUEZ
PO BOX 127449
HIALEAH, FL 33012

2nd ml

SUBJECT: CAPITAL FINANCING SERVICES, CORP.
Ref. Number: W02000026798

We have received your document for CAPITAL FINANCING SERVICES, CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

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

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6919.

Beth Register
Corporate Specialist Supervisor
New Filings Section

Letter Number: 002A00052692

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF INCORPORATION

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:

Capital Financing Services, Corp.

ARTICLE II PRINCIPAL OFFICE

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

P.O. Box 127449
Hialeah, FL 33012

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 OCT 28 AM 8:02

ARTICLE III SHARES

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

19,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Armando Rodriguez
2140 N. Sherman Circle
Miramar, FL 33025

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

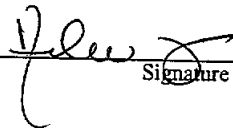
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Armando Rodriguez
P.O. Box 127449
Hialeah, FL 33012

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

30 day of July, 19 2002

(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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 Capital Financing Services, Corp.

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

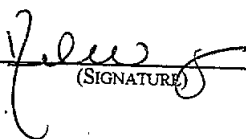
Armnado Rodriguez
(NAME)

2140 Sherman Circle #103
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Miramar, FL 33025
(CITY/STATE/ZIP)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 OCT 28 AM 8:02

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)

(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314