

PO2000135573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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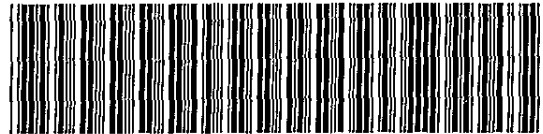
Candace Flaxman  
GAVI

AUTHORIZATION BY PHONE TO

CORRECT suffix & eff-date

DATE 12-31-02

DOC. EXAM gj



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12/30/02--01023--012 \*\*70.00

EFFECTIVE DATE  
01-01-03

FILED  
02 DEC 27 PM 2:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

gj 12/31

## TRANSMITTAL LETTER

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

SUBJECT: FLAXMAN FINANCIAL SERVICES  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

**EFFECTIVE DATE**  
01-01-03

FROM: CANDACE FLAXMAN  
Name (Printed or typed)

P.O. BOX 740162  
Address

BOYNTON BEACH, FLORIDA 33474-0162  
City, State & Zip

561-688-9588  
Daytime Telephone number

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

# 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:

FLAXMAN FINANCIAL SERVICES *Inc.*

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. BOX 740161 BOYNTON BEACH, FL. 33474-0162

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FINANCIAL SERVICES INCLUDING BOOKKEEPING & ACCOUNTING

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

CANDACE FLAXMAN P.O. BOX 740162 BOYNTON BEACH, FL. 33474

**EFFECTIVE DATE**  
01-01-03

## ARTICLE VI REGISTERED AGENT

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

CANDACE FLAXMAN 6664 CONCH COURT BOYNTON BEACH, FL. 33474

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CANDACE FLAXMAN P.O. 740162 BOYNTON BEACH, FL. 33474-0162

*eff. date: 01-01-03*

\*\*\*\*\*  
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

*Candace Flaxman*  
\_\_\_\_\_  
Signature/Registered Agent

1/02/03

\_\_\_\_\_  
Date

*Candace Flaxman*  
\_\_\_\_\_  
Signature/Incorporator

1/02/03

\_\_\_\_\_  
Date

FILED  
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TALLAHASSEE, FLORIDA