

P030000020761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

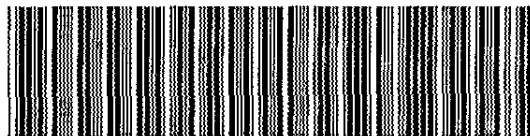
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

758  
2/20/03

## TRANSMITTAL LETTER

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

SUBJECT: CASH MANAGEMENT INTERNATIONAL, INC  
(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: DENNIS BARNETT  
Name (Printed or typed)

954 MOCKINGBIRD LANE # 520  
Address

PLANTATION, FLORIDA 33324  
City, State & Zip

(954) 915-8546  
Daytime Telephone number

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

2/12/03 called sending  
funds to my attn.

W03-4128

## 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:

CASH MANAGEMENT INTERNATIONAL, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

954 MOCKINGBIRD LANE # 520, PLANTATION, FLORIDA 33324

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
FINANCIAL SERVICES

### ARTICLE IV SHARES

The number of shares of stock is:

ONE THOUSAND (1000.)

### 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:

DENNIS BARNETT, 954 MOCKINGBIRD LANE # 520, PLANTATION, FLORIDA 33324

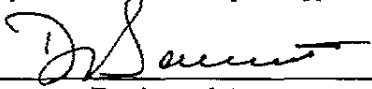
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

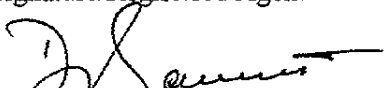
DENNIS BARNETT, 954 MOCKINGBIRD LANE # 520, PLANTATION, FLORIDA 33324

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*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

2/4/03  
Date

  
\_\_\_\_\_  
Signature/Incorporator

2/4/03  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA