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03 MAY -8 PH 1: 27
DIVISION OF CONFORATION

03 MAY -8 PM 1: 36

TRANSMITTAL LETTER

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

SUBJECT: CASH CRUNCH CREC'T 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 of Status

\$78.75

\$87.50

& Certified Copy

Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:

CID FERMANDEZ

Name (Printed or typed)

8/09 Rivers York PA.
Address

TAMPA F/A. 33604 City, State & Zip

813-631-9219 813-435-1941 Daytime Telephone number

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)		
ARTICLE I NAME		\$00 W
The name of the corporation shall be:		SECRE DIVISIONE D3 MAY
Cash Caurch Cardit Corp.		-8 -7 -8
ARTICLE II PRINCIPAL OFFICE		PH :
The principal place of business/mailing address is:		STATE RATION 1: 36
8109 RIVENSHINE DR. TAMPAIFIA.	33604	S .
ARTICLE III PURPOSE		
The purpose for which the corporation is organized is:		
Profit		
ARTICLE IV SHARES		
The number of shares of stock is:		
1000		
ARTICLE V INITIAL OFFICERS/DIRECTORS (option	nal)	
The name(s), address(es) and title(s):	Fennandez	PACE
		1 110 %
813 121 AVE 8109 R	ivenshord Da.	
TAMPA 181A. 33612 TAMPA	,FIA 33604	
ARTICLE VI REGISTERED AGENT		_
The name and Florida street address of the registered agent is:		
CIG LEY NUMGES		
8109 Rivensholle DA.		
TAMPA, FIA. 33604		
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:		
SIOG RIVERSHOTE DA.		
71mpA FIA, 33604		

Having been named as registered agent to accept service of process for the abo certificate, I am familiar with and accept the appointment as registered agent an		
/II	5/8/20	007
Signature/Registered Agent	Date	
_ , , ,	~l 1	

Signature/Incorporator