

P03000054526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

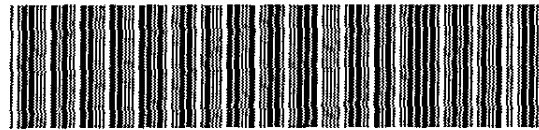
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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MAY 19

## TRANSMITTAL LETTER

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

SUBJECT: \_\_\_\_\_

*BEST RATE OF HIALEAH, 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  
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

FROM: \_\_\_\_\_

*LISA C. SMITH*

Name (Printed or typed)

*6550 W. 20th Ave*

Address

*Hialeah, FL 33016*

City, State & Zip

*305-216-4226*

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**

Best Rate of Hialeah, Inc.

**Article II Principle Office**

6550 W. 20<sup>th</sup> Ave. Hialeah, Fl. 33016

**Article III Purpose**

Corporate Offices

**Article IV Shares**

1000 Shares of Stock

**Article V Initial Officers/Directors**

Lisa C. Smith  
Sergio Smith Jr.

**Article VI Registered Agent**

Lisa C. Smith  
6550 W. 20<sup>th</sup> Ave  
Hialeah, Fl. 33016

**Article VII Incorporator**

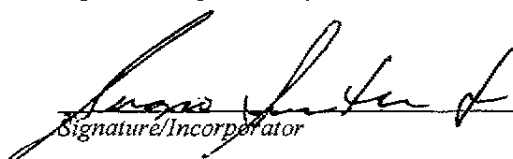
Sergio Smith  
6550 W. 20<sup>th</sup> Ave  
Hialeah, Fl. 33016

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TALLAHASSEE, FLORIDA  
03 MAY - 9 AM 9:40

*Having been named as registered agent to accept service 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

5/8/03  
\_\_\_\_\_  
Date

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

5/8/03  
\_\_\_\_\_  
Date