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TRANSMITTAL LETTER

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

SUBJECT:	Associates Financial Services Company, Inc.
•	(proposed corporate name)
	an original and one (1) copy of the articles of incorporation and our check .00 .
FROM:	J Tucker
	P O Box 144366 Name (printed or typed)
	Address Coral Gables, FL 3314-4366
	City, State, & Zip
	()

Telephone Number

Note: Please provide the original and one copy of the Articles.

ARTICLES OF INCORPORATION

OF

ASSOCIATES FINANCIAL SERVICES COMPANY, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE 1

The name of the corporation shall be:

ASSOCIATES FINANCIAL SERVICES COMPANY, INC.

ARTICLE 2

The principal place of business and mailing address shall be:

P O BOX 144366 Coral Gables, FL 33114-4366

ARTICLE 3

The number of shares of stock the corporation is authorized to have outstanding is: 300

ARTICLE 4

The name and address of the initial registered agent is: J Tucker

2915 SW 13 ST Miami, FL 33145

ARTICLE 5

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

J Tucker 2915 SW 13 ST Miami, FL 33145

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 27 day of ______, 200 5.

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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:	
	Associates Financial Services Company, Inc.	· · · · · · · · · · · · · · · · · · ·
2.	The name and address of the registered agent and office is:	
	J Tucker	
	(NAME)	5.2 0
	2915 SW 13 ST	O3 MA
	(P.O. BOX <u>NOT</u> ACCEPTABLE)	7 30 FIL
	Miami, FL 33145	
	(CITY/STATE/ZIP)	ORIGINAL PROPERTY OF THE PROPE

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 SZZZ-03