

P03000075262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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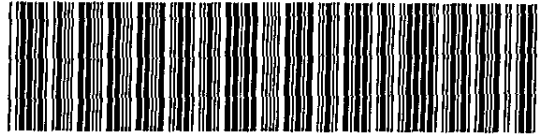
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 JUL -2 AM 3:22

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✓

CB 793

# 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:

INGENUITY FINANCIAL GROUP, CORP.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9301 SW 92 AVE. SUITE A-204  
MIAMI, FL 33176

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MORTGAGE AND FINANCIAL SERVICES

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

EDWIN CABRAL/PRESIDENT  
9301 SW 92 AVE. SUITE A-204  
MIAMI, FL 33176

## ARTICLE VI REGISTERED AGENT

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

EDWIN CABRAL/REGISTERD AGENT  
9301 SW 92 AVE. SUITE A-204  
MIAMI, FL 33176

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

EDWIN CABRAL  
9301 SW 92 AVE. SUITE A-204  
MIAMI, FL 33176

\*\*\*\*\*

*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

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

7/1/03  
\_\_\_\_\_  
Date

7/1/03  
\_\_\_\_\_  
Date

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SECRETARY OF STA  
TALLAHASSEE, FLORI

## TRANSMITTAL LETTER

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

SUBJECT: INGENUITY FINANCIAL GROUP

(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      ~~NO~~ NO  
Filing Fee      Filing Fee  
                         & Certificate of Status

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

**ADDITIONAL COPY REQUIRED**

FROM: EDWIN CABRAL

Name (Printed or typed)

9301 SW 92 AVE. SUITE A-204

Address

MIAMI, FL 33176

City, State & Zip

786-553-1890

Daytime Telephone number

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