

P03000095710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

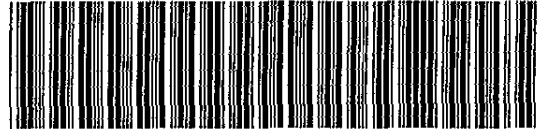
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: BUSINESS CASH FLOW SOLUTIONS 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: NANCY J. PARRA  
Name (Printed or typed)

9112 BAYOU DRIVE  
Address

TAMPA FL 33635  
City, State & Zip

813 584 0844  
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**

The name of the corporation shall be: *BUSINESS CASH Flow Solutions Inc*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: *9112 Bayou Drive  
Tampa FL 33635*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: *Financial Consulting*

**ARTICLE IV SHARES**

The number of shares of stock is: *10,000*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s): *NANCY J. PARRA  
9112 BAYOU DRIVE  
TAMPA, FL 33635*

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:  
*NANCY J. PARRA  
9112 BAYOU DRIVE  
TAMPA FL 33635*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is: *NANCY J. PARRA  
9112 BAYOU DRIVE  
TAMPA FL 33635*

\*\*\*\*\*

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

*Nancy J Parra*  
\_\_\_\_\_  
Signature/Registered Agent

*8.24.03*  
\_\_\_\_\_  
Date

*Nancy J Parra*  
\_\_\_\_\_  
Signature/Incorporator

*8.24.03*  
\_\_\_\_\_  
Date

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TALLAHASSEE FLORIDA

FILED