

P04000077543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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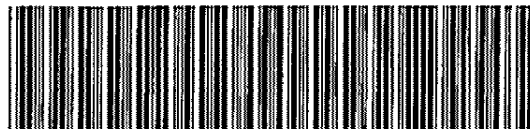
(Business Entity Name)

(Document Number)

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

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04 MAY 13 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TS05/13/04

## TRANSMITTAL LETTER

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

SUBJECT:

Financial Partners Group, 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:

Gail Ann Bray  
Name (Printed or typed)

2553 N 40 Avenue  
Address

Hollywood Florida 33021  
City, State & Zip

(954) 983 8749  
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:

Financial Partners Group, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2553 N 40th Ave/Hollywood, Fl 33021

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

profit

**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):

Gail Ann Bray, Executive Director  
2553 N 40 Avenue  
Hollywood Fl 33021

**ARTICLE VI REGISTERED AGENT**

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

Gail Ann Bray  
2553 N 40 Avenue  
Hollywood Fl 33021

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Gail Ann Bray  
2553 N 40 Avenue  
Hollywood Fl 33021

\*\*\*\*\*  
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

Gail Ann Bray  
Signature/Registered Agent

Gail Ann Bray  
Signature/Incorporator

5/10/04

Date

5/10/04

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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