## P04000/27383

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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JU 3110

159/8/or

## TRANSMITTAL LETTER

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

SUBJECT:	Duo Cash, Fac.			
	(PROPOSED CORPORAT	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u> )	
Enclosed are an orig	ginal and one (1) copy of the artic	les of incorporation and	a check for:	
\$70.00				
Filing Fee	☐ \$78.75 Filing Fee	☐ \$78.75 Filing Fee	☐ \$87.50 Filing Fee,	
i ming i cc	& Certificate of Status	& Certified Copy	Certified Copy	
	·		& Certificate of	
			Status	
		ADDITIONAL COPY REQUIRED		
	•			
FROM:	Victor M. Name (	lane		
1 KOWI	Name (	Printed or typed)		
4901 NW 17th WAY, 403				
	A	ddress ' '		
	Fort Landondale	F1 3220	a	
Fort Landerdale, FL 33309 City, State & Zip				
		-		
	464. 332.510	lephone number		
	Daytime Te	lephone number		

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



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 24, 2004

VICTOR M NAPPE 4901 NW 17 WAY #403 FT LAUDERDALE, FL 33309

SUBJECT: DUOCASH, INC. Ref. Number: W04000032110

We have received your document for DUOCASH, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith Document Specialist New Filings Section

409 E Gaines St.

Letter Number: 704A00051777

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:
Duo Cash, Fnc.
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  LIGOI NW 1740 WAY, LIDB  Fort Lauderdale, F1-33309  ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
alternative Payments/prepaid phone courds
ARTICLE IV SHARES The number of shares of stock is:  17,500,000
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):
Victor M. Nappe, 4901 NW/7th WM, 403, Fort Lauderdake, Fl 33309
ARTICLE VI REGISTERED AGENT
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  VICTOR M NCAPPC  4001 NE 14th Way  SLITT 403  H. LAUDERGALL, FL 33309  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:
Victor M. Nappe Fort Landerdale, Fi 33309 4901 NW17m WAY, 403
****************************
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 Date
/ntrypage 8/2/04
Signature/Incorporator / Date