

# P04000140538

Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850)205-0381

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.  
Account Number : 104512000707  
Phone : (305)266-4080  
Fax Number : (305)221-2388

**FLORIDA PROFIT CORPORATION OR P.A.**

**PAPI CHECK CASHING & SERVICES, CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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## ARTICLES OF INCORPORATION

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

### ARTICLE I

#### NAME

The name of the corporation shall be PAPI CHECK CASHING & SERVICES, CORP.

### ARTICLE II

#### PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

599 NW 29 ST  
MIAMI, FL. 33127

### ARTICLE III

#### SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated ☐ COMMON SHARES. ☒ COMMON

### ARTICLE IV

#### INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PEDRO CARRILLO  
599 NW 29 ST  
MIAMI, FL. 33127

Prepared by: PEDRO CARRILLO  
599 NW 29 ST  
MIAMI, FL. 33127  
305 5760039

Electronically Sent By: BUSINESS WORLD TRANSACTIONS, INC.  
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ARTICLE V  
INCORPORATOR(S)

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

PEDRO CARRILLO  
599 NW 29 ST  
MIAMI, FL. 33127

DIRECTOR, PRESIDENT & SECRETARY

ALFREDO CARRILLO  
599 NW 29 ST  
MIAMI, FL. 33127

DIRECTOR & TREASURER

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

08 day of OCTOBER, 2004

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 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: PAPI CHECK CASHING & SERVICES, CORP.

2. The name and address of the registered agent and office is:

PEDRO CARRILLO  
599 NW 29 ST  
MIAMI, FL. 33127

*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) 10-08-04

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