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| (Requestor's Name) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
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| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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TRANSMITTAL LETTER

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

| SUBJECT: PELRHY TIMENCIAL PHRTNERS IN (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) | | | | |
|---|---|--|--|--|
| Enclosed are an orig | inal and one (1) copy of the arti | | | |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | ☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status | |
| FROM: | OM: BRUCE R. ALBERTSON Name (Printed or typed) 939 HYACINTH DRIVE | | | |
| - - | DELRAY BE City, 561-2 | Address | | |

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: DELRAY FINANCIAL PARTNERS, INC. PRINCIPAL OFFICE The principal place of business/mailing address is: 139 HYACINTH DRIVE DELRAY BEACH, FL 3 33483 ARTICLE III PURPOSE The purpose for which the corporation is organized is: AND ALL PURPOSES ARTICLE IV SHARES The number of shares of stock is: 10,000,000 INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: BRUCE R. ALBERTSON 939 HYACINTH DRIVE DELRAY BEACH, FL 33483 ARTICLE VII ÍNCORPORATOR The name and address of the Incorporator is: BRUCE R. ALBERTSON 939 HYACINTH DRIVE DELRAY BEACH, FL 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

NOV 1, 2004

Date

NOV 1, 2004