

P 05000057334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300050519483

04/18/05--01017--010 **78.75

05 APR 18 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FL 32304

APPROVED
AND
FILED

RECEIVED
05 APR 18 PM 1:15

Charter Number Only

4/15/05
Judith Carlson
Requestor's Name
1812 NW 36 Ct
Address
Oakland Park, FL 33309
City State ZIP Phone
4184-8792A

VALIDATION ONLY

CORPORATION(S) NAME

Forex Specialty Group, INC.

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> Mail Out |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
WP Verifier



Empire Toll Free: 1-800-432-3028

TRANSMITTAL LETTER

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

SUBJECT: FOREX SPECIALTY 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: FOREX SPECIALTY GROUP, INC.

Name (Printed or typed)

2455 E SUNRISE BLVD, STE 916

Address

FT LAUDERDALE, FL 33304

City, State & Zip

954-566-1359

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:

FOREX SPECIALTY GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2455 E SUNRISE BLVD, STE 916, FT LAUDERDALE, FL 33304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LEGAL BUSINESS ENDEAVOR

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES AT \$1.00 PER SHARE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

NICOLE MOORE, 2455 E SUNRISE BLVD, STE 916, FT LAUDERDALE, FL 33304

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

NICOLE MOORE, 2455 E SUNRISE BLVD, STE 916, FT LAUDERDALE, FL 33304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

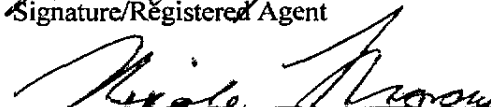
NICOLE MOORE, 2455 E SUNRISE BLVD, STE 916, FT LAUDERDALE, FL 33304

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

4/12/05
Date



Signature/Incorporator

4/12/05
Date

APPROVED
AND
FILED

05 APR 18 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA