

# POS000076858

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

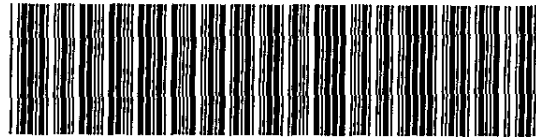
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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05/04/05--01025--014 \*\*78.75

FILED  
05 MAY 26 PM 2:16  
SECRET  
TALLAHASSEE, FLORIDA

✓ (Signature) 5-26-05

## TRANSMITTAL LETTER

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

SUBJECT: Amended Financial Services, 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: Amended Financial Services, Inc.  
Name (Printed or typed)

P O Box 4441  
Address

Dania FL 33004  
City, State & Zip

954-920-0999  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

RECEIVED

05 MAY 26 PM 1:48

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 10/11/01 BY 1043

May 6, 2005

FRANKIE FRANKLIN  
PO BOX 444  
DANIA, FL 33004

SUBJECT: AMENDED FINANCIAL SERVICES, INC.  
Ref. Number: W05000023145

We have received your document for AMENDED FINANCIAL SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a 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) 245-6965.

Dorine Martin  
Document Specialist  
New Filings Section

Letter Number: 205A00032762

# 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:

Amended Financial Services, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 444  
Dania Florida 33004

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

~~To provide~~ any and lawful business

## ARTICLE IV SHARES

The number of shares of stock is: 1

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

## ARTICLE VI REGISTERED AGENT

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

Frankie Franklin  
248 SW 7th Street  
Dania Florida 33007

## ARTICLE VII INCORPORATOR

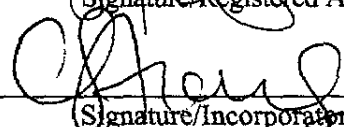
The name and address of the Incorporator is:

Frankie Franklin  
P.O. Box 444  
Dania, Florida 33004

\*\*\*\*\*  
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

4/24/2005  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

4/24/2005  
\_\_\_\_\_  
Date

FILED

05 MAY 26 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE FLORIDA