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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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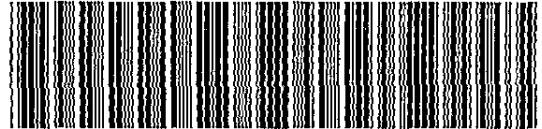
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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INFORMATION
05 OCT -7 PM 2:19

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COVER LETTER

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

SUBJECT: Extra Money Center 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: Pilar de la Cruz

Name (Printed or typed)

812 NE 125 St.

Address

N. Miami. Fl. 33161.

City, State & Zip

786-306-0290

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:

Extra Money Center Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

812 NE 125 St. N. Miami. Fl. 33161

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Loan originator

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Pilar de la Cruz President.
17021 N Bay Rd # 627. Sunny Isles Beach. Fl. 33160.

ARTICLE VI REGISTERED AGENT

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

Pilar de la Cruz
17021 N Bay Rd # 627. Sunny Isles Beach. Fl. 33160.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Pilar de la Cruz
17021 N Bay Rd # 627. Sunny Isles Beach. Fl. 33160.

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

Pilar de la Cruz
Signature/Registered Agent
Pilar de la Cruz
Signature/Incorporator

10-6-05
Date
10-6-05
Date

05 OCT -7 PM 2:19
SECRETARY OF STATE
DIVISION OF CORPORATIONS