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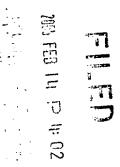
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

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

SUBJECT:	STATE FINAN		,		
	(PROPOSED CORPORAT	TE NAME – <u>MUST INCL</u> I	DE SUFFIX)		
Enclosed are an original and one (I) 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	& Certificate of Status		
		ADDITIONAL CO	PY REQUIRED		
	•		······································		
FROM:	BEAL MARIC Name (Printed or typed)			
	5764 ASH	TON LAKE	DR.		
	SARISOTA City,	F CORIPA	34231		
	941 912.	R 59 13			

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 3, 2006

BRIAN MARICH

5764 ASHTON LAKE DR. SARASOTA, FL 34131

SUBJECT: STATE FINANCIAL SERVICES, INC.

Ref. Number: W06000005501

We have received your document for STATE 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6995.

Wanda Cunningham Document Specialist New Filing Section

Letter Number: 106A00008065

NECEIVED

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The pame of the corporation shall be:
ARTICLE I NAME The name of the corporation shall be: CASHWISE FINANCIAL SERVICES, WILL 102
ARTICLE I NAME The name of the corporation shall be:
CASILLA (18 C)
CASHWISE FINANCIAL SERVICES, THE MODE
ARTICLE II PRINCIPAL OFFICE The principal place of hydrogen in the hydrogen in the principal place of hydrogen in the hydrog
The principal place of outsides manning address is.
5764 ASHTON LAKE OR
SARASOTA, PL 34231
ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL BUSINESS AS PROVIDED FOR
BY FLORIDA STATUTE
ARTICLE IV SHARES
The number of shares of stock is:
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(es) and specific title(s):
BRIAN W. MARICH
5764 ASHIDN LAKE DR.
SARASOTA PL 34231
ARTICLE VI REGISTERED AGENT
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:
BRIAN MARICH
5764 ASHTON LAKE DR.
SARASOTA, PL 34231
ARTICLE VII INCORPORATOR
The <u>name and address</u> of the Incorporator is:
BRIAN MARICH
5764 ASHTON LAKE DR

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 ar registered agent and agree to act in this capacity
San Marit
Signature/Registered Agent Date
Signature Management 1/2/16/
Signature/Incorporator Date

I