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## COVER LETTER

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

SUBJECT: The life suard financial Group Znc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:		
\$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: Fatal Manue (Printed or typed)  - 4 W (cs Olac Blvd. Ste.203  Address  Address  City, State & Zip					
Daytime Telephone number					

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

The state of the s	
ARTICLES OF INCORPORATION	
, ,	75.75 <b>52</b>
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME	書
The name of the corporation shall be;	
The life guard financial Group, Inc.	2 5 5
THE TITE GUARD TINANCIAL GROUP, INC.	
ARTICLE II PRINCIPAL OFFICE	# 20 NATE LORIDA
The principal street address and mailing address, if different is:	A O
4 Wlas Olax Blvd. Ste. 203	
5/1 le le Classe	
Ft. Landerdall, Fl 33301	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	-
Finance	
Tinance	
ARTICLE IV SHARES The number of shares of stock is:	
100	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	
D 5 / 1/1/2	
Rafael Ullon 15825 NW 16 Court	
15825 NW 16' COUTE	
Pembrolle Pines, \$133028	
President/C.E.O	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:	
0 - 1 11/1-4	
fatael unoA	•
15925 NW 16 Court	
Pembrolle Pines, 48 33000	
ARTICLE VIIINCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Rafael UlloA 15825 NW 16" Court Perboke Pines, St 33028	
15725 N/W 16th Court	
Po ball Pine St 22028	
**************************************	******
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 famili <del>ar with</del> and accept the appointment as registered agent and agree to act in this capacity	
$=$ $l \cap l \cap l$	
12/81	08
Signature/Registered Agent Da	te
Va 1701.	108
Signature/Incorporator Da	te