

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION
AMERINDIO BANKING AND FINANCIAL SERVICES, INC.

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 11 JUN 20 AM 8:58

RECEIVED
 11 JUN 20 PM 2:45
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 TALAHASSEE, FLORIDA

Ps ce 2/11



June 20, 2011

FLORIDA DEPARTMENT OF STATE

Division of Corporations

DORAL CORPORATE FILING SERVICE

SUBJECT: AMERINDIO ~~BANKING AND~~ FINANCIAL SERVICES, INC.
REF: W11000033108

AMERINDIO FINANCIAL SERVICES, INC.

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Written approval and clearance of the terms BANK, BANKER, BANKING, TRUST COMPANY, BANCSHARES, SAVINGS & LOAN ASSOCIATION, SAVINGS BANK, or CREDIT UNION or words of similar import, must be obtained from the Office of Financial Institutions, pursuant to section 655.922(2a), Florida Statutes. Their telephone number should you need to contact them is 850-410-9800.

If you have any further questions concerning your document, please call (850) 245-6949.

Thomas Chang
Regulatory Specialist II
New Filing Section

FAX Aud. #: H11000161928
Letter Number: 211A00014911

P.O BOX 6327 - Tallahassee, Florida 32314

H11000161928

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JUN 20 AM 8:58

ARTICLE I NAME

The name of the corporation shall be: AMERINDIO FINANCIAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2415 NW 97TH AVENUE
DORAL, FL 33172

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: (P) JOSE AFONSO SANCHO
Address: 2415 NW 97TH AVENUE
DORAL, FL 33172

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

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

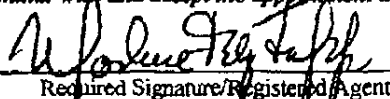
Name: MARLENE FERNANDEZ-TOPP
Address: 2415 NW 97TH AVENUE
DORAL, FL 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARLENE FERNANDEZ-TOPP
Address: 2415 NW 97TH AVENUE
DORAL, FL 33172

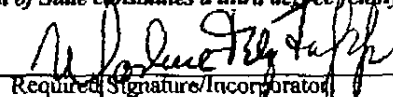
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

06/17/11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

06/17/11

Date

H11000161928