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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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W12-3067

COVER LETTER

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

SUBJECT: _____
(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: DEALER SERVICES FINANCIAL CENTER INC.
Name (Printed or typed)

561 HEATHEROAK COVE
Address

ALTAMONTE SPRINGS, FL 32714
City, State & Zip

407-464-0555
Daytime Telephone number

JBURGETT@CFL.RR.COM
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DEALER SERVICES FINANCIAL CENTER, INC.

2166 S. ORANGE BLOSSOM TRAIL

APOPKA, FL 32703

407-464-0555

RECEIVED

12 FEB -6 AM 11:07

DIVISION OF CORPORATIONS

January 27, 2012

TO WHOM IT MAY CONCERN,

PLEASE BE ADVISED THAT DEALER SERVICES FINANCIAL CENTER, LLC AND DEALER SERVICES FINANCIAL CENTER, INC. ARE ONE AND THE SAME PRINCIPLES.

PLEASE GRANT THIS REGISTRATION.

THANK YOU,

JOHN BURGETT

PRESIDENT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Known by me and signed in my presence.

Holly E. Raymond 1-29-2012



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:

Dealer Services Financial Center Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

561 Heatheroak cove
Altamonte Springs, FL 32714

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**Any and All Lawful
Business/Beginning 01/01/12**

ARTICLE IV SHARES

The number of shares of stock is:

100 One Hundred@\$1 Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John Burgett - Pres.

Address: 561 Heatheroak Cove
Altamonte Springs, FL 32714

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: John Burgett

Address: 561 Heatheroak Cove
Altamonte, Springs, FL 32714

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John Burgett

Address: 561 Heatheroak Cove
Altamonte Springs, FL 32714

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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Date

Date