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A Shivers FEB 0 7 2002

W. V. You

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 arti	cles of incorporation an	ad a check for:					
Filing Fee Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status					
	ADDITIONAL C	OPY REQUIRED					
	NOM OF UTER	IN O	•				
FROM: DEALER SERVICES FINA	(Printed or typed)	INC. ₽	. ~				
561 HEATHEROAK	• • •	VLLAHASSI	012FEB-				
ALTAMONTE SPRIN	IGS, FL 3271 State & Zip	4		TI			
407-464-0555 Daytime To	elephone number	ORIDA	ශ. යු	HE EJE			
JBURGETT@CFL,R E-mail address: (to be used	R.COM I for future annual report	notification)					

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

DEALER SERVICES FINANCIAL CENTER, INC.

RECEIVED 12 FEB -6 AHII: 07

2166 S. ORANGE BLOSSOM TRAIL

SINISION OF CORPORARISME

APOPKA, FL 32703

407-464-0555

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.

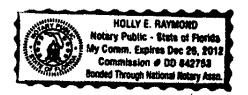
PLEASE GRANT THIS REGISTRATION.

THANK YOU

JOHN BURG

PRESIDENT

Known by me and wigned in my presence. Horly E Raymond 1-29-2012.



ARTICLES OF INCORPORATION

ce with Chanter 607 and/or Chanter 621 F.S. (Profit)

* ~ Ant #	In compliance with Chapter 60 / and	1/or Chapter 621, F.S. (P	roiit)
ARTICLE I The name of the corp	NAME Dealer Service	es Financia	Center Inc.
ARTICLE II	PRINCIPAL OFFICE	34.95	11
56	Principal <u>street</u> address 1 Heatheroak cove	Mailin	g address, if different is:
	amonte Springs, FL 32714		
			
ARTICLE III P	URPOSE		
	ch the corporation is organized is:	_	
Anva	and All Lawfi	11	
•			
Rugir	ness/Beginni	na 01/	M1/12
APTHURIU S	CHADRE		
The number of shares	s of stock is:100 One Hur	dred@\$	1 Par Value
	INITIAL OFFICERS AND/OR DIRECTOR		i i di valac
Name and Title	John Burgett - Pres. 561 Heatheroak Cove	Name and Title:	
Address:	561 Heatheroak Cove	Address:	
	Altamonte Springs, FL 32714	1	
3.7			
Name and Title Address:	e:		
Addicas.			
Name and Title	e:	Name and Title:	
Address:			
		_	7A 2
	REGISTERED AGENT		
The <u>name and Florio</u> Name:	da street address (P.O. Box NOT acceptable) of John Burgett	f the registered agent is:	
Address:	561 Heatheroak Cove	- -	TAF
	Altamonte, Springs, FL 32714	_	EFF 6
ARTICLE VII	NCORPORATOR		± = 1
	ess of the Incorporator is:		95 0
Name:	John Burgett	_	
Address:	561 Heatheroak Cove Altamonte Springs, FL 327	<u>ī</u> 4	≫ે હ
University was	as registered agant to accept service of proces		monation at the place designated in
	familiar with and accept the appointment as reg		
		8 8	
			11/1/10
	Required Signature/Registered Agent		/ Date
I submit this docum	ent and affirm that the focks stated herein are	true. I am aware that t	he false information submitted in a
document to the Dep	artment of State constitutes a third degree felon	y as provided for in s.817	7.155, F.S.
	ALLY		しっかん
	Paguired School and American		1 10
	Required Signature/Invorporator		i Late