

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	<u>-</u>
Certified Copies	_ Certificates	of Status
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COVER LETTER

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$78.75 \$87.50 \$70.00 \$78.75 Filing Fee Filing Fee Filing Fee, Filing Fee Certified Copy & Certificate of Status & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: FRED PICKETT Name (Printed or typed) **609 SW 13TH STREET** Address BELLE GLADE FL 33430 City, State & Zip <u>561-257-8814</u> Daytime Telephone number PICKETTFRED@AOL.COM E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

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

ARTICLE I The name of the co	NAME FIVE STAR FINANCIA proprietion shall be:	AL SERVICES INC		
	PRINCIPAL OFFICE Principal street address 1417 NW AVE L. SUITE #1 3ELLE GLADE FL. 33430	P.O. BOX 2808	Mailing address, if different is: P.O. BOX 2808 BELLE GLADE FL. 33430	
PROVIDING	PURPOSE which the corporation is organized is: QUALITY FINANCIAL SERVICE TO			
ARTICLE IV The number of sha				
	INITIAL OFFICERS AND/OR DIRECT itle: FRED PICKETT (PRESIDENT) 609 SW 13 TH STREET BELLE GLADE FL 33430	Name and Title:Address:		
Name and T Address:	itle: ADRIANNA CLARK (VICE PRESIDE 17021 NORTH BAY RD UNIT 10 MIAMI FL. 33160	19 Address:		
Name and T Address:	itle: JALISA STEELE 8717B DOVELAND PAHOKEE EL. 33476 (SECRETAE	Address:		
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable FRED PICKETT 609 SW 13TH STREET BELLE GLADE FL 33430		2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
ARTICLE VII The name and add Name: Address:	INCORPORATOR dress of the Incorporator is: FRED PICKETT 609 SW 13TH STREET BELLE GLADE FL 33430		FH 4:24	
	ed as registered agent to accept service of pro m familiar with and accept the appointment as	registered agent and agree to act in this	capacity , /	
	Required Signature/Registered Agent ument and affirm that the facts stated herein epartment of State constitutes a third degree fe	are true. I am aware that the false info	Date Date ormation submitted in a	
Jug	Required Signature/Incorporator		7/31/12 Date	