

P14000015066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

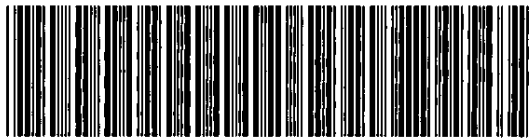
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
*ADDED TERM "1" TO ARTICLE
IV (SHARES) PER TELEPHONE
CONVERSATION WITH TIMOTHY
M KRATZ.
K 02/18/14*

Office Use Only



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02/13/14--01017--017 **78.75

FILED IN STATE
14 FEB 13 PM 1:06
TALLAHASSEE FLORIDA

K 02/18/14

COVER LETTER

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

SUBJECT: First Class Financial Services, Inc.
(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: Timothy M Kratz
Name (Printed or typed)

5680 Samter Court
Address

Tampa FL 33611
City, State & Zip

973-960-9227
Daytime Telephone number

timothykratz@yahoo.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 NAME

The name of the corporation shall be: First Class Financial Services, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

601 N. Lois Avenue #17
Tampa FL 33609

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: a financial service for
boat and RV dealerships across 48 states. I will help
them with consulting and all financial endeavors.

ARTICLE IV SHARES

The number of shares of stock is: 1

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14 FEB 13 PM 4:06
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Timothy M Katz President Name and Title: _____

Address 601 N. Lois Avenue #17 Address: _____
Tampa FL 33609 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Timothy M Kratz
 Address: 601 N. Lois Ave #17
Tampa FL 33609


RECEIVED
 14 FEB 13 PM 10:06
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: Timothy M Kratz
 Address: 601 N. Lois Ave #17
Tampa FL 33609

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

 _____ 2/11/14
 Required Signature/Registered Agent 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.

 _____ 2/11/14
 Required Signature/Incorporator Date