

TRANSMITTAL LETTER

P95000002274

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

SUBJECT: CONCEPT ONE FINANCIAL SOLUTIONS, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM:

JAMES L. VINCENT
Name (printed or typed)

329 ALSEY AVE
Address

CORNELIUS FL 32314
City, State & Zip

(305) 881-7505
Daytime Telephone number

FILED
95 JUN -6 AM 10:31
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

B. REGISTER JAN 10 1995

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

CONCEPT ONE FINANCIAL SOLUTIONS, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

329 ALESIO AVE
CORAL GABLES FL 33134

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JAMES L VINCENT
329 ALESIO AVE
CORAL GABLES, FL 33134

FILED
MAR 31 1998
SECRETARY OF STATE
TALLAHASSEE, FL

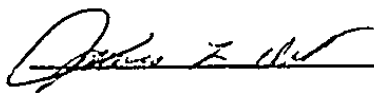
ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JAMES L VINCENT
327 ALBERT AVE
CORAL GABLES FL 33134

The undersigned Incorporator(s) has(have) executed these Articles of Incorporation this

2 day of JANUARY, 1995.



Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: CONCEPT ONE FINANCIAL SOLUTIONS, INC.

2. The name and address of the registered agent and office is:

JAMES L. WICKENT
(Name)

329 ALBION AVE
(P.O. Box not acceptable)

CORAL GABLES FL 33134
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Signature)

JAN 2 1995
(Date)