TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 632 Tallahassoo, FN32314

SUBJECT:	ChequeMARK Financial Systems,	
(P	roposed corporate name - must include suffix)	EB 13 PH 2: 1: ETARY OF STATE HASSEE FLORE
for : \$70.00 Filing Fee	Filing Fee Filing Fee Filing & Certificate & Certified Copy Certified	ation and a queck 31.25 p Feo, nd Copy tificate
FROM:	Dean S. Keil Name (printed or typed) 2330 S. Congress Ave. Suite 2A	20000140822 -02/14/35-0037006 -++++131.25 ++++131.25
	Address West Palm Beach, FL. 33406	— 13D
	City, State & Zip	
	Daytime Telephone number	

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:

ChequeMARK Financial Systems, Inc.

ARTICLE II. PRINCIPAL OFFICE

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

2330 S. Congress Ave Suite 206 West Palm Beach, FL. 33406

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:

Dean S. Keil 5019 80th Terr. S. Lake Worth, Fl. 33467

ARTICLE V INCORPORATORISI

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

Dean S. Keil 2330 S. Congress Ave. Sulte 2A West Palm Beach, FL. 33406

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

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OF FICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLÖRIDA 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:_	ChoqueMARK	Financial	Systems,	Inc.
2. The name and address of the req	gistorod agent a	nd office is:		
Dean S. Keil				
•	(Namo)			
5019 80th Ter	r 8.			
(P.C	. Box not accepta	ible)		
Lake Worth, F	1 33467			
	(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.

1 - 2 - 10 5 5 (Date)