# . P95000030556

# **Transmittal Letter**

Department of State Division of Corporation P.O. Box 6327 Tallahassee, Florida 32314

t: Florida Financi	ial Assis	stant Progra	m, Inc.
l enclosed an original and pration for the above corpo	<u>1</u> pration and	copy (ies) of the a check in the	ne Articles of amount of
Lavaughn Lewis			
Name			_
1691 N. Cypress Road			700000014551667 -04/14/9501097004
Address			####131.25 ####131.25
Pompano Beach,	Florida	33060	
City	State	Zip	
(305) 781-0258 Telephone Number	APR 1 S	1995	FILED 95 APR 14 AM II: SECRETARY OF STA
	Lavaughn Lewis  Name  1691 N. Cypress  Address  Pompano Beach,  City  (305) 781-0258  Telephone Number	l enclosed an original and	Lavaughn Lewis  Name  1691 N. Cypress Road  Address  Pompano Beach, Florida 33060  City State Zip  (305) 781-0258

## ARTICLES OF INCORPORATION

OF

Florida Financial Assistant Program, Inc.

## ARTICLE I NAME

The name of the corporation shall be:

Florida Financial Assistant Program, Inc.

## ARTICLE II PRINCIPAL OFFICE

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

1691 North Cypress Road

Pompano Beach, Florida 33060

Principal & mailing address (Tentatively)

## ARTICLE III CAPITAL STOCK

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

10,000 shares of the par value of

\$1.00 each



# ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS The name and address of the initial registered agent is: Bobby L. Lewis 1691 N. Cypress Road Pompano Beach, F1. 33060 ARTICLE V INCORPORATOR The name and street address of the incorporator to these articles of incorporation is: Lavaughn Lewis 1691 N. Cypress Road Pompano Beach, Florida 33060 The undersigned has executed these Articles of Incorporation is day of the incorporator in the incorporator is day of the incorporator in the incorporator is day of the incorporator i

## CERTIFICATE OF DESIGNATION

## REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, 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:

Florida Financial Assistant Program, Inc.

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

Bobby L. Lewis

1691 N. Cypress Road

Pompano Beach, Florida 33060

Signature:

Title:

Incorporator

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: Stofy Leurs

Date: 4/11/95

Date: