



1500050241

ACCOUNT NO. : 62721 20 32

REFERENCE : 627246 6460A

AUTHORIZATION :

COST LIMIT : \$ 122.50

ORDER DATE : June 27, 1995

ORDER TIME : 10:59 AM

ORDER NO. : 627246

300001524693

CUSTOMER NO: 6460A

CUSTOMER: Ms. Pattie Callahan
LOWNDES DROSDICK DOSTER
KANTOR & REED
215 North Eola Drive

Orlando, FL 32801

DOMESTIC FILING

NAME: CASH 4 TITLES, INC.

XXX ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Danny G. Smith

EXAMINER'S INITIALS: T. BROWN JUN 28 1995

FILED
95 JUN 27 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
CASH 4 TITLES, INC.

FILED
95 JUN 27 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of this corporation is CASH 4 TITLES, INC.

ARTICLE II - PRINCIPAL OFFICE AND MAILING ADDRESS

The street address of the principal office and the mailing address of the corporation shall be 2345 Cheshire Bridge Road, Suite 4, Atlanta, Georgia 30324.

ARTICLE III - CAPITAL STOCK

This corporation is authorized to issue one thousand (1,000) shares of TEN CENT (\$0.10) par value common stock.

ARTICLE IV - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 215 North Eola Drive, Orlando, Florida 32801 and the name of the initial registered agent of this corporation at that address is Michael V. Elsberry.

ARTICLE V - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director initially. The number of directors may be either increased or decreased from time to time as provided in the Bylaws of the corporation, but shall never be less than one (1). The name and address of the initial director are as follows:

Richard Homa

2345 Cheshire Bridge Rd., Ste. 4
Atlanta, Georgia 30324

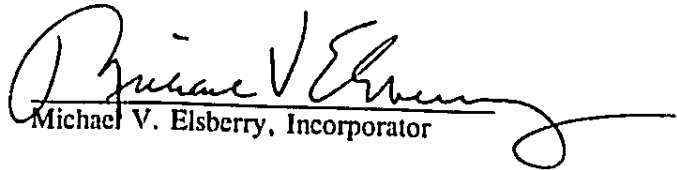
ARTICLE VI - INCORPORATOR

The name and address of the person signing these Articles are as follows:

Michael V. Elsberry

215 North Eola Drive
Orlando, Florida 32801

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 26th day of June, 1995.


Michael V. Elsberry, Incorporator


STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 26th day of June, 1995, by Michael V. Elsberry, who is personally known to me.



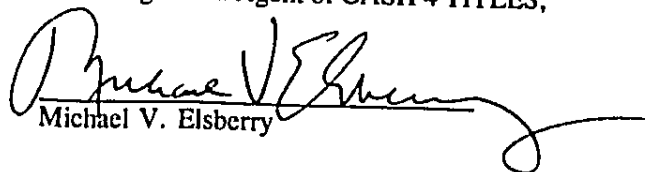
PATRICIA M. CALLAHAN
MY COMMISSION # CC 178054 EXPIRES
March 17, 1998
BONDED THROUGH TROY FAIR INSURANCE, INC.

(NOTARY SEAL)


Notary Public: PATRICIA M. CALLAHAN

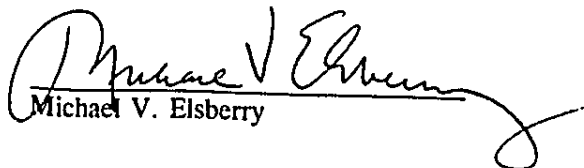
ACCEPTANCE OF REGISTERED AGENT

The undersigned hereby accepts the designation as Registered Agent of CASH 4 TITLES, INC.


Michael V. Elsberry

WAIVER OF SUBSCRIPTION RIGHTS

The undersigned hereby waives any rights of subscription which may have accrued by virtue of the undersigned acting as Incorporator of CASH 4 TITLES, INC.


Michael V. Elsberry

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000050241**

1. Corporation Name

CASH 4 TITLES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 OCT 15 PM 3:38

Principal Place of Business

2345 CHESHIRE BRIDGE ROAD
SUITE 4
ATLANTA GA 30324

Mailing Address

2345 CHESHIRE BRIDGE ROAD
SUITE 4
ATLANTA GA 30324



If above addresses are incorrect in any way line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/27/1995

5. FEI Number

☒ Applied For

☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	HOMA, RICHARD	2345 CHESHIRE BRIDGE ROAD, SUITE	ATLANTA GA 30324

200001985852-3
-10/25/96--01039--011
****375.00 ****375.00

8. Name and Address of Current Registered Agent

ELSBERY, MICHAEL V
215 NORTH EOLA DRIVE
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Michael V. Elsbury
REGISTERED AGENT MUST SIGN

Date 9-24-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(c), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/96
Date

Daytime Phone #