

SENT BY: L D D K & R

9-14-95 3:15PM

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DIVISION OF CORPORATIONS
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TO: DIVISION OF CORPORATIONS
FROM: LOWNDES, DROSDICK, DOSTER,

KANTOR &

DEPARTMENT OF STATE

STATE OF FLORIDA

409 EAST GAINES STREET

TALLAHASSEE, FL 32399

FAX: (904) 922-4000

215 N EOLA DR

ORLANDO FL 32801-

CONTACT: PATTIE M CALLAHAN

PHONE: (407) 843-4600

FAX: (407) 423-4495

DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR

((H95000010283)))

P.A.

NAME: KH ASSOCIATES, INC.

FAX AUDIT NUMBER: H95000010283

DATE REQUESTED: 09/14/1995

CERTIFIED COPIES: 1

NUMBER OF PAGES: 2

ESTIMATED CHARGE: \$122.50

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CERTIFICATE OF STATUS: 0

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ACCOUNT NUMBER: 072720000036

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ENTER SELECTION AND <CR>: M

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95 SEP 15 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State

September 13, 1995

LOWNDES DROSDICK DOSTER

ORLANDO, FL

SUBJECT: KII ASSOCIATES, INC.
REF: H95000018599

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

RE-FAX ENTIRE DOCUMENT AGAIN.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loris Poole
Corporate Specialist

FAX Aud. #: H95000010283
Letter Number: 995A00042523

Division of Corporations - P.O. Box 6327 - Tallahassee, Florida 32314

ARTICLES OF INCORPORATION
OF
KH ASSOCIATES, INC.

FILED
95 SEP 15 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of this corporation is KH ASSOCIATES, 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 (\$.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

This document was prepared by:

MICHAEL V. ELSBERRY, ESQ.

Florida Bar Number: 191861
Lowndes, Drosdick, Doster, Kantor & Reed, P.A.
P. O. Box 2809

Orlando, Florida 32802-2809
(407) 843-4600

H95000010283

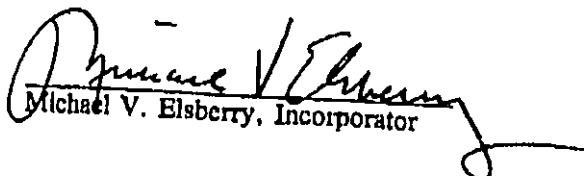
ARTICLE VI - INCORPORATOR

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

Michael V. Elsberry

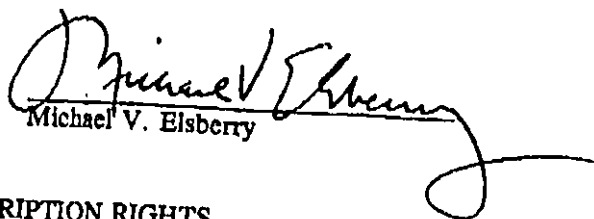
215 North Eola Drive
Orlando, Florida 32801

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of
Incorporation this 14th day of September, 1995.


Michael V. Elsberry, Incorporator

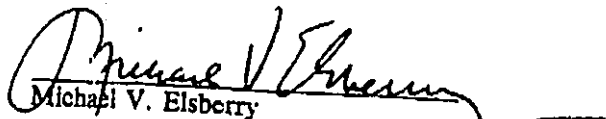
ACCEPTANCE OF REGISTERED AGENT

The undersigned hereby accepts the designation as Registered Agent of KH
ASSOCIATES, 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 KH ASSOCIATES, INC.


Michael V. Elsberry

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95 SEP 15 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

227205 CALLAHPM

H95000010283

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 SEP 18 AM 9:54

DOCUMENT # 795000-11591

1. Corporation Name

KH Associates, Inc.
D/B/A Cash 4 Titles

Principal Place of Business

2790 South East Federal Hwy.
Stuart, FL 34994

Mailing Address

2345 Cheshire Bridge Rd.,
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

3. New Mailing Address, If Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

September 15, 1995

5. FEI Number

65-0626020

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
Pres.	Charles R. Homa	1414 Getwell Rd., #102	Memphis, TN 38111
			500001959935 -09/30/96--01046--005 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

Michael V. Elsberry, Esquire
c/o Lowndes, Drosdick, Doster, Kantor & Reed
215 North Eola Drive
Orlando, FL 32802

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

REGISTERED AGENT MUST SIGN

Date

9-17-96

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

(404) 315-8570