SENT BY: L... K & R ; 9-14-95 ; 3:17PM ; 4074252429→ ;#14

P95000071594

9/14/95 FLORIDA DIVISION OF CORPORATIONS 2:...PM
PUBLIC ACCESS SYSTEM
(((H95000010285))) ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: LOWNDES, DROSDICK, DOSTER, KANTOR & P.A.
215 N EOLA DR
ORLANDO FL 32801-
CONTACT: PATTIE M CALLAHAN
PHONE: (407) 843-4600
FAX: (407) 423-4495

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DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR

NAME: SKH ASSOCIATES, INC.
FAX AUDIT NUMBER: H95000010285
DATE REQUESTED: 09/14/1995
CERTIFIED COPIES: 1
NUMBER OF PAGES: 2
ESTIMATED CHARGE: $122.50

CURRENT STATUS: REQUESTED
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FILED
95 SEP 15 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/15

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 15, 1995

LOWNDES DROSDICK DOSTER

ORLANDO, FL

SUBJECT: SKH ASSOCIATES, INC.
REF: W95000018600

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

RE-FAX ENTIRE DOCUMENT.

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.

Loria Poole
Corporate Specialist

FAX Aud. #: H95000010285
Letter Number: 995A00042524

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

ARTICLES OF INCORPORATION

OF

SKH ASSOCIATES, INC.

FILED
95 SEP 15 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of this corporation is SKH 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

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 SKH 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 SKH ASSOCIATES, INC.

Michael V. Elsberry

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 SEP 18 AM 9:49

DOCUMENT # P96000071594

1. Corporation Name

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

Principal Place of Business
4901 S. Dixie Hwy.
W. Palm Beach, FL 33405

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
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

0919/27 DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida
September 15, 1995

5. FEI Number
65-0626028
☐ 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

600001959936
-09/30/96--01046--006
****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

CR2E040 (12/95)

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: [signature] 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
9/13/96
(404) 315-8570