P96000017344

TRANSMITT AL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

(1	Proposed corporate	s name - must include su	iffix)			
Enclosed is an original	and one (1) co	py of the articles of	-02/ ***	22/96 **78.75	●95010 	.449 -011 *78.75
for: \$70.00 Filing Fee	X \$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate			
FROM:		Casey McGee e (printed or typed)				
	3413 Skysail Place Address			AL	FEB :	2 6.19 <u>9</u> 5,
		Florida 33607 City, State & Zip				
		86-1095 ne Telephone number		SECRETARY OF STATE TALLAHASSEE, FLURIDA	96 FEB 22 PH 1: 01	TI TI TI TI TI

NOTE: Please provide the original and one copy of the articles.

FILED 96 FEB 22 PH 1: 01 SECRETARY OF STATE.

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 | NAME

The name of the corporation shall be:

Family Financial Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

3413 Skysail Place Tampa, Florida 33607

ARTICLE III SHARES

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

30

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

William Casey McGee 3413 Skysail Place Tampa, Florida 33607

ARTICLE V INCORPORATOR(S)

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

William Casey McGeo 3

3413 Skysail Place Tampa, Florida 33607

Dina Kim McGee

3413 Skysail Place Tampa, Florida 33607

ruary, 19 <u>96</u> .
cae
Signature
•

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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.

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1. The name	e of the corporation is: <u>Family Financial Services.</u> L	nc	
2. The name	e and address of the registered agent and office is:		_
		96 FE SECR	771
	3413 Skysail Place (P.O. Box not acceptable)	B22 PH	LE
	Tampa, Florida 33607 (City/State/Zip)	FLORID	,
Having bee above state the appoint to comply w mance of m as registere	en named as registered agent and to accept service of processed corporation at the place designated in this certificate, I here trainent as registered agent and agree to act in this capacity. I find the provisions of all statutes relating to the proper and colory duties, and I am familiar with and accept the obligations of red agent.	s for the by accep urther agr mplete pe my positio	t ee rtor- n
مقد	(Signature) February 1	<u>4, 1996</u>	