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

TRANSMITTAL 9

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******76.75

RAPIDO CHECK CASHING, INC SUBJECT: _ (Proposed corporate name - must include suffix) Enclosed is an original and one (1) copy of the articles of incorporation and a for: \$70.00 \$78.75 \$122.50 \$131.25 Filing Fee & Certificate Filing Fee Filing Fee, Filing Fee Certified Cor & Certificate & Certified Copy MAYRA S. DWYER FROM: Name (printed or typed) 19720 N.W. 44 Ave **Address** Carol City, Florida 33055 City, State & Zip WAL-22 123 (305)649-4227Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 25, 1996

MAYRA S. DWYER 19720 N.W. 44TH AVENUE CAROL CITY, FL 33055

SUBJECT: RAPIDO CHECK CASHING, INC.

Ref. Number: W96000022723

We have received your document for RAPIDO CHECK CASHING, INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name DOES NOT constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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

Letter Number: 896A00049329

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:

PRONTO CASH, INC.

96 NOV 12 PHI2: 28 SECRETARY OF STATE AND ASSET FLORID.

ARTICLE II PRINCIPAL OFFICE

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

19720 N.W. 44 AVE CAROL CITY, FLORIDA 33055

ARTICLE III SHARES

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

1,000 (One Thousand)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MAYRA SILVIA DWYER 19720 N.W. 44 Ave Carol City, Florida 33055

ARTICLE V INCORPORATOR(S)

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

MAYRA SILVIA DWYER, PRESIDENT 19720 N.W. 44 Ave, Carol City, Florida 33055

Victoria D. Torres, Vice-President 19720 N.W. 44 Ave, Carol City, Florida 33055

Amelia Alfonso, Secretary 19715 N.W. 44 Ave, Carol City, Florida 33055

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

day of OCTOBER 19 96.

Signature

Signature

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

FURSUANT 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.

1. The name of the co	prporation is: PRONTO CAS	H, INC.	
		<u> </u>	, ************************************
2. The name and add	ress of the registered agent e	and office is:	
MAYRA	SILVIA DWYER	<u> </u>	
	(Namo)		74 S
19720	N.W. 44 Ave		
	(P.O. Box not accept	able)	7 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
MIAMI	, FLORIDA 33055	ŗ	م حد ت
	(City/State/Zip)	COROA	PHIZ: 28
Having been named as above stated corporation the appointment as region to comply with the proving mance of my duties, an as registered agent.	s registered agent and to accion at the place designated in distered agent and agree to a visions of all statutes relating d I am familiar with and acce	ept service of proce this certificate, I he ct in this capacity. I to the proper and co pt the obligations of	ss for the reby accept further agree emplete performy my position
(Signatu		10-15-0	
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