63551

TRANSMITTAL LETTER

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



SUBJECT: Prime Serv Financial, In-	<u>c. </u>
(Proposed corporate name - n	nust include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

□ \$70.00

□ \$78.75

5 \$122.50

□ \$131.25

Filing Fee

Filing Fee & Certificate Copy &

Filing Fee & Certified Copy

Filing Fee, Certified

Certificate

ADDITIONAL COPY REQUIRED

FROM:	Lori Ellen Ward	-07/16/9801070018 ****122.50 ****122.50	
	Name (Printed or Typed)		
	P.O. Box 175		
	Address		22
	Destin, F1 32540 City, State & Zip	 ·	- •
	•		

(850) 837-5118

F. CHESSER

JUL 2 0 1998

Daytime Telephone number

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be:

Prime Serv Financial, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1234 Airport Road, Ste. 111 Destin, Florida 32540

Post Office Box 175 Destin, Florida 32541

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 7500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Lori Ellen Ward 1234 Airport Road, Ste. 111 Destin, Florida 32541

ARTICLE V INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

Lori Ellen Ward P.O. Box 175 Destin, FL 32540

(1)

ature/Incorporator

<u> 7//3/98</u> Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept services of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

Date