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98 NOV -3 AM 9:52

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SECRETARY OF STATE TALLAMASSEE, FLORIDA

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P. Hall

		& : ^	*****87.50 *****87.50
SUBJECT:	ROWARD CHECK CASHING,	INC.	
(Proposed corporate name - must include suffix)			
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:			
☐ \$70.00 Filing Fee		Filing Fee Fi & Certified Copy Ce	\$131.25 CA TRACY \$131.25 ling Fee, ertified Copy Certificate EQUIRED
FRO	M: MICHAEL WEDDERBURN Name (Pr	rinted or typed)	
	6763 NW 105TH LANE		
Address			

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

City, State & Zip

Daytime Telephone number

PARKLAND, FL 33076

(954) 757-6583

FILED

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

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ARTICLE I NAME

The name of the corporation shall be:

BROWARD CHECK CASHING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 6763 NW 105TH LANE, PARKLAND, FL 33076

ARTICLE III SHARES

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

SEVEN THOUSAND FIVE HUNDRED \circlearrowleft (7,500) SHARES ON ONE DOLLAR (\$1.00) PAR VALUE COMMON STOCK.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MICHAEL WEDDERBURN 6763 NW 105TH LANE PARKLAND, FL 33076

ARTICLE V INCORPORATOR

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

NAME:

MICHAEL WEDDERBURN

ADDRESS:

6763 NW 105TH LANE

PARKLAND, FL 33076

Signature/Incorporator

Date

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

Having been named as registered agent and to accept service 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