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CORPORATION NAME(S) AND DOCUMENT NUMBER(S) (if known):

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-11/06/98--01051--041

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Lake Weir Caph Advanced Inc.

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☐ Certificate of Good Standing

☐ ARTICLES ONLY

☐ ALL CHARTER DOCS

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<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A. Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

☐ Certificate of FICTITIOUS NAME

☐ FICTITIOUS NAME SEARCH

☐ CORP SEARCH

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Ordered By: _____

Date: _____

NOV 06 1998

ARTICLES OF INCORPORATION

OF

LAKE WEIR CASH ADVANCE, INC.

The undersigned hereby organizes and subscribes to these Articles of Incorporation under the laws of Florida.

I.

The name of the corporation shall be:

LAKE WEIR CASH ADVANCE, INC.

II.

The general purpose for which the corporation is organized shall include the transaction of any or all lawful business for which corporations may be incorporated under Chapter 607, Florida Statutes.

III.

The aggregate number of shares of capital stock which the corporation shall have authority to issue shall be 1,000 shares of no par value stock, which stock shall qualify under Section 1244, Internal Revenue Service Code.

IV.

The corporation's principal office shall be:

13489 SE CR 25
Ocklawaha, FL 32179

Mailing Address:
P. O. Box 725
Ocklawaha, FL 32183

and its registered office shall be:

13489 SE CR 25
Ocklawaha, FL 32179

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and the name of its initial Registered Agent at such address shall be:

PATRICIA A. REESE

V.

The corporation shall have no Directors and the business of the corporation shall be managed by the stockholders.

VI.

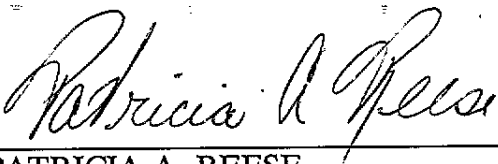
The name and address of the incorporator is:

PATRICIA A. REESE

P. O. Box 725

Ocklawaha, FL 32183

IN WITNESS WHEREOF, the incorporator has caused this instrument to be executed this 4 day of November, 1998.




PATRICIA A. REESE

STATE OF FLORIDA
COUNTY OF MARION

BEFORE ME, a Notary Public this day personally appeared PATRICIA A. REESE,
✓ who is/are personally known to me or produced _____ as identification
who executed the foregoing instrument and acknowledged before me the execution thereof
for the uses and purposes therein stated and expressed.

WITNESS my hand and official seal at Marion County, Florida this 4 day of
November, 1998.





Notary Public
My commission expires:

Having been named Registered Agent of LAKE WEIR CASH ADVANCE, INC.,
I hereby accept said office and agree to comply with the provisions of Chapter 607, Florida
Statutes as same pertain to the office of Registered Agent.



PATRICIA A. REESE
Registered Agent

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