# P99000003278

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

700002734217--2 -01/08/99-01020-020 \*\*\*\*122 50 \*\*\*\*\*78.75

SUBJECT: 10TAL FINANCIAL SOLUTIONS, LINC. (Proposed corporate name - must include suffix)				
Enclosed is an origina	l and one(1) copy of the article	s of incorporation and a	check for:	·
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy & Certificate	
ADDITIONAL COPY			PY REQUIRED	
FROM:	M.L.J. Tax Name (P	FACEOUNTING, Printed or typed)	Inc.	99 JAN -
	3140 Sherwood	LB/Vd. Address	SEE, FLO	8 2 T
	DelRAY BEACH, City,	FL 3344 State & Zip	15	1. 58
	561- 637- 40 Daytime 7	Celephone number	Janson	GAVE
			HORIZATION BY PH	NE TO

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 adopts the following Articles of Incorporation.

99 JAN -8 PM 1:5 SECRETARY OF STATI

### ARTICLE I NAME

The name of the corporation shall be:

Total Financial Solutions, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

P.O. Box 4695 Boynton Beach, FL 33424

## <u>ARTICLE III SHARES</u>

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500 Shares

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Michael Mracna 5373 Cedar Lake Road, Apt. 14-32 Boynton Beach, Fl 33437

### ARTICLE V INCORPORATOR

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

Michael Mracna P.O. Box 4695 Boynton Beach, FL 33424

Signature/Incorporator

7/98 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