

**P9900043263**

OFFICE USE ONLY (Document #)

LAVIUS CORPORATE FILING SERVICE, INC.  
(Requestor's Name)

3320 S.W. 87th AVENUE  
(Address)

MIAMI, FLORIDA (305)552-5973  
(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

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-05/12/99--01052--010  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

- ALEXIA INSURANCE, TAX. SERVICES & CHECK  
(Corporation Name) (Document #)
- CASHING INC.  
(Corporation Name) (Document #)
- \_\_\_\_\_  
(Corporation Name) (Document #)
- \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in     Pick up time 2.00     Certified Copy
- Mail out     Will wait     Photocopy     Certificate of Status

**FILED**  
 99 MAY 12 PM 2:11  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<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

*S/12*

RECEIVED  
MAY 12 11:30 AM '99  
TALLAHASSEE FLORIDA

Examiner's Initials

ARTICLES OF INCORPORATION

of

ALEXIA INSURANCE, TAX SERVICES & CHECK CASHING INC.  
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

*ARTICLE I - CORPORATE NAME*

The name of the corporation is:

ALEXIA INSURANCE, TAX SERVICES & CHECK CASHING INC.

SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
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*ARTICLE II - DURATION*

This corporation shall exist perpetually unless dissolved according to Florida law.

*ARTICLE III - PURPOSE*

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

*ARTICLE IV - CAPITAL STOCK*

The corporation is authorized to issue ONE THOUSAND shares (1000 ) of ONE Dollar(s) (\$ 1.00 ) par value Common Stock, which shall be designated "Common Shares."

*ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT*

The principal office, if known, or the mailing address of the corporation is:

NAME	ALEXIA INSURANCE, TAX SERVICES & CHECK CASHING INC.		
ADDRESS	3820 S.W. 87 CT		
CITY	MIAMI	FLORIDA FL	ZIP 33165

The name and street address of the Initial Registered Agent of this Corporation is:

NAME	ELA MELENDEZ		
ADDRESS	3820 S.W. 87 CT		
CITY	MIAMI	FLORIDA FL	ZIP 33165

*ARTICLE VI - INITIAL BOARD OF DIRECTORS*

This corporation shall have one ( 1 ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:


NAME	ELA MELENDEZ		
ADDRESS	3820 S.W. 87 CT		
CITY	MIAMI	STATE FL	ZIP 33165
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

**ARTICLE VII - INCORPORATORS**

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME ELA MELENDEZ		
ADDRESS 3820 S.W. 87 CT.		
CITY MIAMI,	STATE FL	ZIP 33165
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 7 day of MAY, 19 99.

  
 \_\_\_\_\_ (Seal)  
 \_\_\_\_\_ (Seal)  
 \_\_\_\_\_ (Seal)

STATE OF FLORIDA )  
 COUNTY OF DADE ) SS

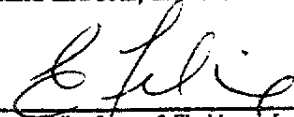
before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared

1 PERSON

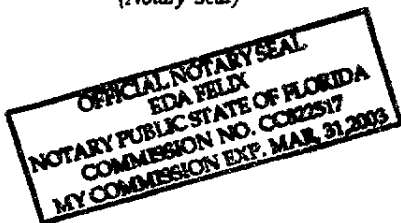
known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that \_\_\_\_\_ executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 7 day of May, 19 99.

(Notary Seal)

  
 \_\_\_\_\_  
 (Notary Public, State of Florida at Large)

My Commission expires:



CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

ALEXIA INSURANCE, TAX SERVICES & CHECK CASHING INC.  
(name of corporation)


Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation

at 3820 S.W. 87 CT  
MIAMI, FL 33165

has named ELA MELENDEZ  
located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above  
stated corporation at the place designated in this certificate, and being familiar with  
the obligations of that position, I hereby accept to act in this capacity, and agree to  
comply with the provisions of Florida Law in keeping open said office.

  
\_\_\_\_\_  
(registered agent)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA