

TRANSMITTAL LETTER

P99000066795

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

300002937233--8
-07/21/99-01025-005
*****70.00 *****70.00

SUBJECT: FLORIDA CASH TO GO 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
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: BEORI HUSENAT
Name (Printed or typed)
9026 Brookline CT
Address
Orlando, FL 32819
City, State & Zip
407 876 2643
Daytime Telephone number

99 JUL 21 AM 8:44
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

7/28/99
[Signature]

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.

ARTICLE I NAME

The name of the corporation shall be:

FLORIDA CASH TO GO, Inc.

ARTICLE II PRINCIPAL OFFICE

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

9096 Brookline Ct.
Orlando, FL 32819

ARTICLE III SHARES

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

10,000 \$1.00 PAR VALUE.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

BE DR: HUSENAT
9096 Brookline Ct.
Orlando, FL 32819

ARTICLE V INCORPORATOR

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

BE DR: HUSENAT
9096 Brookline Ct.
Orlando, FL 32819

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

FILED
99 JUL 21 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA