1000082537

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

600002985086--8 -09/13/99--01089--005 *****87.50 *****87.50

SUBJECT:	All right Check C	Ashing Inc.	SECRE
			SEE FLOW
Enclosed is an origin	nal and one(1) copy of the article	es of incorporation and a	check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	T.A. hocks Name (Pr	inted or typed)	
192 DAIR R.J. Address			
	``		
Abundale F. 33823 City, State & Zip			
	941-956-1600 Daytime Te	lephone number	 .
TON BY PHONE TO	AVE	· F	

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

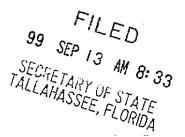
ARTICLES OF INCORPORATION

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

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

Allright Check Cashing Inc.



ARTICLE II PRINCIPAL OFFICE

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

PRINCIPAL: 401 Magnolia Avenue - Auburndale, Florida 33823 MAILING: POST OFFICE BOX 2235 - AUBURNDALE, FLORIDA 33823

ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

T. A. Weeks 192 Dairy Road Auburndale, Florida 33823

ARTICLE V INCORPORATOR

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

T. A. Weeks
192 Dairy Road
Auburndale, Florida 32823

Signature/Incorporator

9-8-99

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