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

(City, State, Zip) (Phone #)	*****78.75 *****78.75
LOCAL REPRESENTATIVE TALLAHASSEE	
LACAL REPRESENTATIVE TADDAMASSEE	OFFICE USE ONLY
CORPORATION NAME(S) & DOCUMENT NUM	BER(S) (if known):
1. CITIZENS FINANCIA (Corporation Name)	JL DERVICES, INC.
2. (Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
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Fictitious Name Foreign	
Name Reservation Limited Partner	
Reinstatement	TATE 39
Trademařk	
Other	Examiner's Initials
CR2E031(9/92)	

ARTICLES OF INCORPORATION

99 SEP 30 PH 12: 41
SECRETARY STATE
TALLAHASSE SEP LORIDA

The undersigned Incorporator(s), for the purpose of forming a corporation under the Plorida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Citizens Financial Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

16555 NW 13 Ct.
Pembroke Pines
Florida
33028

ARTICLE III SHARES

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

2000 🖾 🕸 .01

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Manuel M. Acosta
16555 NW 13 Ct
Pembroke Pines
Florida
33028

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

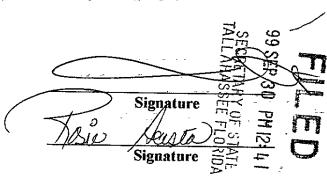
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Florida					 			
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ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

Manuel M. Acosta (P) 16555 NW 13 Ct.	Rosario Acosta (VP)		<u>. –</u>	-	
Pembroke Pines Florida	Pembroke Pines Florida		-		_ =
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The undersigned incorporator(s) has (have) executed these Articles of Incorporation this __29__ day of Sept.__.



Signature

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT 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 RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

