Plorida Department of State

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

\$00003011415--4 -10/11/99--01094--010 *****78.75 ******78.75

Re: Certified Financial Corporation

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

High and Leet runs trong
(Individual Name)

Certified Financial Corporation

MAILING ADDRESS OF CORPORATION

1616 No. Fl. Mango Rol.

A-3 W.P. B. Fl. 33409

PHONE

(S61) 252-0607

Area Code Number Bxc.

10/14/25 -

ARTICLES OF INCORPORATION

ertifical Financial Corporation
(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

	ARTICLE I - CORPORATE NAME	
The name of the corporation is:		ALL 99-
Certified F.	nancial Corporation	
	- Anna Maria	SZ T
	ARTICLE II - DURATION	
This corporation shall exist perpetually to	inless dissolved according to Florida law.	
	ARTICLE III - PURPOSE	
The corporation is organized for the purp	oose of engaging in any activities or business per	mitted under the Toleran
United States and the State of Florida.	and remained of prismess bei	initied under the laws of the
	ARTICLE IV - CAPITAL STOCK	
The corporation is authorized to issue 50	Shares of common stock, par value \$	
on to addition to issue	snares of common stock, par value \$ _	per share.
ARTI	ICLE V - INITIAL PRINCIPAL OFFICE	
	office and, if different, the mailing address is:	
STREET ADDRESS		
1616 N - TI W	0117	
CITY (,) P R	lango Rd H-S	
<u></u>	FLORIDA	ZIP33409
Mailing address, if different		· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS	. # <u> </u>	4
CITY	FLORIDA	ZIP
ADTICLETA		
	NITIAL REGISTERED OFFICE AND AGEI	
Ine street address of the initial register	red office and the name of the initial register	ed agent at the office is:
NAME Richard Lee Arms		
ADDRESS 1616 To F)	DO 31 1 2	
CITY (,) Q R	TILENGO Rd. A-S	
	FLORIDA	ZIPママ しんつら

ARTICLE VII - INITI	IAL BOARD OF DIRECTO	ORS
This corporation shall have(I awe but chall never be less	y. The number of directors may be than one (1). The names and
NAME Richard heefrons	trong	
	ango Rd. A	4-3
CITY West Palm Beach	STATE F	ZIP 33409
NAME	<u>4.</u> 41. 4	
ADDRESS		
CITY	STATE	ZIP
NAME		- <u> </u>
ADDRESS	-	
CITY	STATE	ZIP -
NAME Richard hee Armstro. ADDRESS 1616 No. Fl. Manc	ng	
1010 110. FT. 11 Jane	•	<u> </u>
NAME	STATE F	ZP33409
ADDRESS		
CITY	STATE	
NAME	SIMIL	ŽIP
ADDRESS		Mt
CITY	STATE	ZIP
ne undersigned incorporator(s) have executed these Ar		
	Richard dee	(Signature)

(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

SECRETARY OF STATE

Certified Financial Corporation
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 1616 No. Fl. Mango Rd. A-3

has named Kichard Lee Armstrong

located at the aforesaid address, as its registered agent to accept service of process within this state.

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)

10-7-99

FORM 215: CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTRED OFFICE

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