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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

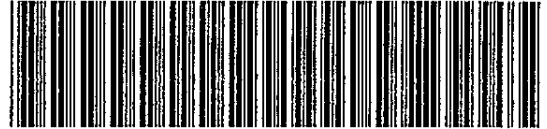
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05-3168

TRANSMITTAL LETTER

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

SUBJECT: KINGSLEY INSURANCE AND FINANCIAL SERVICES, INC. / OBA FEDUSA FRANCHISE
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) IN.

Enclosed are 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 JAN 27 AM 10:32
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FROM: RAYANTHONY KINGSLEY CAINES
Name (Printed or typed)

5251 NW 113TH AVENUE
Address

CORAL SPRINGS, FL 33076
City, State & Zip

(954) 796-3566
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

KINGSLEY INSURANCE AND FINANCIAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

*5251 NW 113TH AVENUE
CORAL SPRINGS, FL 33076*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INSURANCE & FINANCIAL SERVICES SALES

ARTICLE IV SHARES

The number of shares of stock is:

(100) one hundred percent

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

*RAYANTHONY K CAINES
5251 NW 113TH AVENUE
CORAL SPRINGS, FL 33076
(PRESIDENT)*

*KIESHA J CAINES
5251 NW 113TH AVENUE
CORAL SPRINGS, FL 33076
(VICE PRESIDENT)*

*FADNER THEODOR
916 SW 15TH TERR
FT LAUDERDALE, FL 333
(TREASURER)*

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

*RAYANTHONY K CAINES
5251 NW 113TH AVENUE
CORAL SPRINGS, FL 33076*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*RAYANTHONY K CAINES
5251 NW 113TH AVENUE
CORAL SPRINGS, FL 33076*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Ray A Caines

Signature/Registered Agent

1/24/2005

Date

Ray A Caines

Signature/Incorporator

1/24/2005

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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