Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353

Phone

: (800)221-2972

Fax Number

: (888)692-9256

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION **CERTUS FINANCE INC**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$70.00

'DEC' = 9 2015

T. SCOTT

Electronic Filing Menu

Corporate Filing Medic - 92015

Help

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

TICLE II PR	RINCIPAL OFFICE	Mailin	or address if different is:	
Principal street address 710 Half Moon Bay Drive		Mailing address, if different is: 1710 Half Moon Bay Drive		
roton-on-H	udson, NY 10520	Croton-or	n-Hudson, NY 10520	
	RPOSE of the corporation is organized is: to engage rations may be organized.		ful act or activity for	
RTICLE IV SE	HARES 100			
RTICLE IV SE	HARES of stock is:			
e number of shares of	of stock is:		15	
Name and Ti	of stock is: 100 IITIAL OFFICERS AND/OR DIRECTORS itle: Florent Rigaud/President	Name and Title:		
e number of shares of	of stock is:			
e number of shares of states of stat	IITIAL OFFICERS AND/OR DIRECTORS itle: Florent Rigaud/President 1710 Half Moon Bay Drive	Name and Title:	©	
RTICLE V IN	IITIAL OFFICERS AND/OR DIRECTORS itle: Florent Rigaud/President 1710 Half Moon Bay Drive	Name and Title:	© - ©	
e number of shares of shares of shares of share and Ti	IITIAL OFFICERS AND/OR DIRECTORS itle: Florent Rigaud/President 1710 Half Moon Bay Drive	Name and Title:	© 0	
e number of shares of shares of shares of share and Ti	TITIAL OFFICERS AND/OR DIRECTORS itle: Florent Rigaud/President 1710 Half Moon Bay Drive Croton-on-Hudson, NY 10520	Name and Title: Address:	© 0	
RTICLE V IN Name and Ti Address Name and Tit	TITIAL OFFICERS AND/OR DIRECTORS itle: Florent Rigaud/President 1710 Half Moon Bay Drive Croton-on-Hudson, NY 10520	Name and Title: Address: Name and Title:	© 0	
RTICLE V IN Name and Ti Address Name and Tit	TITIAL OFFICERS AND/OR DIRECTORS itle: Florent Rigaud/President 1710 Half Moon Bay Drive Croton-on-Hudson, NY 10520	Name and Title: Address: Name and Title:	© 0	
Name and Tit Address Address	TITIAL OFFICERS AND/OR DIRECTORS itle: Florent Rigaud/President 1710 Half Moon Bay Drive Croton-on-Hudson, NY 10520	Name and Title: Address: Name and Title: Address:	0:C-8 Ni 8: 00	

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(conti.)

Name and Address	1 Title:	Name and Title:			
ARTICLE VI The name and Flo	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:			
Name:	BlumbergExcelsior Corporate Services, Inc.				
Address:	155 Office Plaza Drive, 1st FL				
	Tallahassee, FL 32301				
ARTICLE VII The name and ad Name: Address:	INCORPORATOR dress of the Incorporator is: Veronica Gonzalez 16 Court Street 14th FL Brooklyn, NY 11241				
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 Lauren DePass, Asst. Sec. [2-3-15]					
	Required Signature/Registered Agent	· · · · · · · · · · · · · · · · · · ·	Date		
	timent and affirm that the facts stated herein are to Department of State constitutes a third degree felony Required Signarure Indorporator				