

TRANSMITTAL LETTER

P99000111544

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

300003078533--8
-12/22/99-01089-002
*****87.50 *****87.50

SUBJECT: VENTANA FINANCE CORP.

(Proposed corporate name - must include suffix)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 DEC 21 PM 1:15

FILED

Enclosed is 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

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: John J. Tulip
Name (Printed or typed)

6741 Hidden Creek Blvd.
Address

St. Augustine, FL 32086
City, State & Zip

(904) 794-2736
Daytime Telephone number

F. CHESLER DEC 2 9 1999

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

VENTANA FINANCE CORP.
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.

ARTICLE I: NAME

The name of the corporation shall be:

VENTANA FINANCE CORP.

ARTICLE II: PRINCIPAL OFFICE

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

6741 Hidden Creek Boulevard
St. Augustine, FL 32086

ARTICLE III: SHARES

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

ONE THOUSAND.

ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

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

John J. Tulip
6741 Hidden Creek Boulevard
St. Augustine, FL 32086

ARTICLE V: INCORPORATOR

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

John J. Tulip
6741 Hidden Creek Boulevard
St. Augustine, FL 32086



Signature/Incorporator

12-21-99

Date

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

12-21-99

Date

FILED
99 DEC 21 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA