

To: Qualification/Ta Division of Cor			
SUBJECT:	ISTELLO ENTI	ERPRISES, ZN ation - must include suffix)	<u>'C - </u>
	(Name of corpor	ation - must include suffix)	
Dear Sir or Madam:			
	", and check are submitted	for Authorization to Transact to register the above reference	
Please return all corresp		tter to the following: 500	0002704295 -12/07/9801058003 ******70.00 ******70.00
	JOEL S. CA	57ELLo e of Person)	**************************************
	•	,	
	CASTELLO EN	TERPRISES, INC (Company)	<u> </u>
	P. O. Box 1	ddress)	15 July 27542
	GULF BRE	eze 7L 325 (State/Zip)	62
	(City	/State/Zip)	
Should you need to call	someone concerning this ma	atter, please call:	
•		, F	
JOEL CASTEL	-60 at (85	70,934-0916	
(Name of Perso	on) (A	rea Code & Daytime Teleph	one Number)
			교
STREET ADDRESS:		MAILING ADDRESS	SECRET VISION 99 JAN
Qualification/Tax Lien S		Qualification/Tax Lien	Section 14 + Sall
Division of Corporations 409 E. Gaines St.		Division of Corporation P.O. Box 6327	is 👱 ŞÂU
Tallahassee, FL 32399		Tallahassee, FL 32314	OR AN
Enclosed is a check for t	he following amount:	·	TIONS
\$70.00 Filing Fee	\$78.75 Filing Fee &	☐ \$78.75 Filing Fee &	☐ \$87.50 Filing Fee,
A COUNTY THING I GO	Certificate of Status	Certified Copy	Certificate of Status &

Certified Copy



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 8, 1998

JOEL CASTELLO CASTELLO ENTERPRISES, INC. PO BOX 1192 GULF BREEZE, FL 32562

SUBJECT: CASTELLO ENTERPRISES, INC.

Ref. Number: W98000027342

We have received your document for CASTELLO ENTERPRISES, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6092.

Hart Collins Senior Corporate Section Administrator

Letter Number: 098A00057848



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 24, 1998

JOEL CASTELLO CASTELLO ENTERPRISES, INC. PO BOX 1192 GULF BREEZE, FL 32562

SUBJECT: CASTELLO ENTERPRISES, INC.

Ref. Number: W98000027342

We have received your document for CASTELLO ENTERPRISES, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

"First Financial Funding Corporation" is not available to adopt for use in Florida.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6092.

Letter Number: 198A00060367

Hart Collins Senior Corporate Section Administrator

RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned Joel S. Castello, do hereby certify that this Resolution of the Board of Directors of Castello Enterprises, Inc., a corporation duly organized and existing under the laws of the State of Texas, was duly adopted on December 30, 1998. Be it resolved, that Castello Enterprises, Inc., organized and existing in the State of Texas, hereby adopts the name **First Financial Settlement Corporation** for use in Florida.

Dated: December 30, 1998

Signed:

Title-

Name: ONEL 5

CASTELLO

SECRETARY OF STATE ON SECRETARY OF CORPORATIONS

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. CASTELLO ENTERPRISES INc.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) Duration: Year corp. will cease to exist or "perpetual") [-1-99]
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. P.O. Box 1192 PHys. AL: 906 Bay (
GULF Breeze FL 32562 Gulf Breeze
(Current mailing address) FINANCIAL SERVICES
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: JOEL 3. CASIE ST.

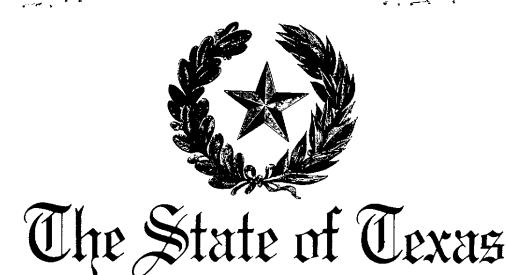
Office Address: 906 BAy (Liffs RD

GULF PREEZA, Florida, 32561
(Zip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONL)	Y - P.O. Box NOT acceptable)
A. DIRECTORS (Street address only - P.O. Box NOT acceptable)	
Chairman: JOEL S. CASTELLO	1
Address: 906 Bay Cz;ffs RD	
GULF Breeze FL 32561	
Vice Chairman: NORMA J. CASTELLO	
Address: 906 Bay Cliffs Ro	· · · · · · · · · · · · · · · · · · ·
GULF Breeze FL 32561	!
Director: JOEL S. CASTELLO	!
Address: 906 Bary Cliffs for	· !
GULF Breeze Fc 32561	
Director:	'
Address:	
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	1
President:	
Address: 906 BAY Cliffs KD	i
GULF Breeze FC 32561	
Vice President: NORMA J. CASTELLO	
Address: 906 BAY CLIFFS RD	
- GULF Porces Je 32561	1 .
Secretary: NO AMA J. CASTELLO	
Address: 906 Bay Cziffe Ro	•
Gus Brieze 2 32561	-
Treasurer: NORMA J. CASTELLO	
Address: 906 PAN CLIFFS RO	
Gulf Breeze 7 32561	
NOTE: If necessary, you may attach an addendum to the application listing	g additional officers and/or directors.
13 Del S Cartielo	-
(Signature of Chairman, Vice Chairman, or any officer liste	ed in number 12 of the application)
14 JOEL S. CASTELLO	1

(Typed or printed name and capacity of person signing application)



SECRETARY OF STATE

IT IS HEREBY CERTIFIED that Articles of Incorporation of

CASTELLO ENTERPRISES, INC. File No. 780190-00

were filed in this office and a certificate of incorporation was issued to this corporation, and no certificate of dissolution is in effect and the corporation is currently in existence.

IN TESTIMONY WHEREOF, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in the City of Austin, on November 30, 1998.



Alberto R. Gonzales Secretary of State

DAE