

P00000003570

TRANSMITTAL LETTER

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

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-01/06/00--01057--013
*****78.75 *****78.75

SUBJECT: BEDFORD FUNDING CORP.
(Proposed corporate name - must include suffix)

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: MARCIA D. HOPWOOD

Name (Printed or typed)

PO BOX 290998

Address

PORT ORANGE, FL 32129-0998

City, State & Zip

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JAN -6 AM 9:11

FILED

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

8/1/12

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:

BEDFORD FUNDING CORP.

ARTICLE II PRINCIPAL OFFICE

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

PO BOX 290998
PORT ORANGE, FL 32129-0998

ARTICLE III SHARES

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

1000 SHARES OF COMMON STOCK EACH WITH A PAR VALUE OF \$0.001

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MARCIA D. HOPWOOD
724 TOMOKA FARMS RD.
NEW SMYRNA BEACH, FL 32168

ARTICLE V INCORPORATOR

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

MARCIA D. HOPWOOD
724 TOMOKA FARMS RD.
NEW SMYRNA BEACH, FL 32168

Marcia D. Hopwood
Signature/Incorporator

1-3-00
Date

(An additional article must be added if an effective date is requested.)

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

Marcia D. Hopwood
Signature/Registered Agent

1-3-00
Date

FILED
00 JAN -6 AM 9:12
CLERK OF STATE
TALLAHASSEE, FLORIDA