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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : JOHN INCORVIA

Account Number : I19990000040

Phone : (305)681-7877

Fax Number

: (305)681-9167

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FLORIDA PROFIT CORPORATION OR P.A.

Associates Financial Corp.

Certificate of Status	1
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B. McKnigh* OCT 2 3 2000

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ARTICLES OF INCORPORATION OF

Associates Financial Corp.

ARTICLE I. NAME

The name of this corporation shall be Associates Financial Corp.

ARTICLE II. PRINCIPAL OFFICE

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

655 NW 128 Street, Miami, FL 33168

ARTICLE III. CORPORATE PURPOSE

The corporation was formed to conduct any and all lawful business within the State of Florida.

ARTICLE IV. CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares at no par value.

ARTICLE V. REGISTERED AGENT

The name and address of the registered agent is:

John Incorvia, Esq., 655 NW 128 Street, Miami, FL 33168

ARTICLE VI. INCORPORATOR

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

John Incorvia, Esq., 655 NW 128 Street, Miami, FL 33168

The undersigned has executed these Articles of Incorporation this 20th day of October, 2000.

John Incorvia Incorporator

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CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of Florida Statutes sections 48.091 and 607.501, the undersigned corporation, desiring to organize under the laws of the State of Florida, submits the following statement:

- 1. The name of the corporation is Associates Financial Corp.
- 2. The address of the registered office is 655 NW 128 Street, Miami, FL 33168.
- 3. The name of the registered agent is John Incorvia.

Signature:	LL	Γ
-	John Incorvia, Incorporator	

Having been named as the registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the duties and obligations of this position, I hereby accept appointment as registered agent, agree to act in this capacity and comply with the provisions of all statutes relating to the proper and complete performance of my duties.

Signature:

John Incorvia, Registered Agent

Date: 10/20/20

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