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(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D ₁	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



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TRANSMITTAL LETTER

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

SUBJECT: Military Finance Company

osed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	Scott M. Jestice	(Printed or typed)		
	3201 Bob Jones Dr	Address		
	Lynn Haven FL 32444	Address State & Tip	<u> </u>	
	City, 850-277-0126	State & Zip		· ve-da

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

•	, **	FINCORPORATION Chapter 607 and/or Chapter 621, F.S. (Profit)
•	ARTICLE I	NAME:

The name of the corporation shall be: Military Finance Company

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is: 6232 E. Hwy 98 Panama City FL 32404

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide financial services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Scott M. Jestice - President 3201 Bob Jones Dr Lynn Haven FL 32444

REGISTERED AGENT ARTICLE VI

The name and Florida street address of the registered agent is:

Scott M.Jestice 3201 Bob Jones Dr Lynn Haven FL 32444

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Scott M. Jestice 3201 Rob Jones Dr

Lynn Haven FL 32444	
**************************************	********
Having been named as registered agent to accept service of process for the above s certificate, I am fayliliar with and accept the appointment as registered agent and ag	stated corporation at the place designated in this tree to act in this capacity
MM Dut	5/14/04
Signature/Registered Agent	Date
/Ill M Sest	5/14/04
Signature/Incorporator	, Date