# P04000090169

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:		
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status		
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status		
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(Document Number)  Certified Copies Certificates of Status		
Certified Copies Certificates of Status	(Business Entity Name)	
Certified Copies Certificates of Status		
	(Document Number)	
Special Instructions to Filing Officer:	Certified Copies Certificates of Status	
Special Instructions to Filing Officer:		
	Special Instructions to Filing Officer:	
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# TRANSMITTAL LETTER

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

SUBJECT: GJS	SCHAEFFER FUNDING CO	RPORATION	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: G	EORGE J SCHAEFFER		
	Name	(Printed or typed)	
	355 SOUTH OCEAN DRIV	'E SUITE 809	
-		Address	
-	HUTCHINSON ISLAND, FI		
	City,	State & Zip	
	772-468-2274		
-	Daytime T	elephone number	

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

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

# ARTICLE I NAME

The name of the corporation shall be:

G J SCHAEFFER FUNDING CORPORATON

FILED

04 JUN 10 PH 3:57

TALLAHASSEE, FLORIDA

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 355 SOUTH OCEAN DRIVE SUITE 809 HUTCHINSON ISLAND, FL 34949

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FUNDING SERVICES

## ARTICLE IV SHARES

The number of shares of stock is:

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

GEORGE J SCHAEFFER 355 SOUTH OCEAN DRIVE SUITE 809 HUTCHINSON ISLAND, FL 34949 CHAIRMAN, PRESIDENT, VICE PRESIDENT SEC., TREASURER

# ARTICLE VI REGISTERED AGENT

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

GEORGE J SCHAEFFER 355 SOUTH OCEAN DRIVE SUITE 809 HUTCHINSON ISLAND, FL 34949

# ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GEORGE J SCHAEFFER 355 SOUTH OCEAN DRIVE SUITE 809 HUTCHINSON ISLAND, FL 34949

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

Date

Date