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| (Re | equestor's Name) | |
|---|--------------------|-----------|
| | | |
| (Address) | | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL. |
| (Bu | siness Entity Name | o) |
| (Do | ocument Number) | <u></u> |
| Certified Copies | Certificates o | of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only





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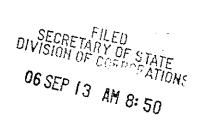
SECRETARY OF THIS

COVER LETTER

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

| SUBJECT: Triple C. Procesin | 6 Corp. | UDE SUFFIX) |
|---|--|--|
| Enclosed are an original and one (1) copy of the artic | | |
| \$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| FROM: Catherine Vi | Printed or typed) | |
| 11410 Long Hill | address | |
| Spring Hill F | 2 · 34609 State & Zip | |
| 727-230-00 Daytime To | 403 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) |
|--|
| Triple C Processing Corp. |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: ILLIO LONG HILL CT. Spring Hill, Ft. 34609 ARTICLE III PURPOSE The purpose for which the corporation is organized is: |
| Loan Processing ARTICLE IV SHARES |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Cotherine Villera - President 11410 Long Hill CT. Spring Hill, Fc. 34609 |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Catherine Villena IIUID Long Mill CT. Spring Hill, R. 34609 ARTICLE VII ENCORPORATOR The name and address of the Incorporator is: Vivian Herrandez |
| 11071 NW. 75 street #104 11071 NW. 75 stree |
| Visitan Herrardey Signature/Incorporator Date |