

P07000041682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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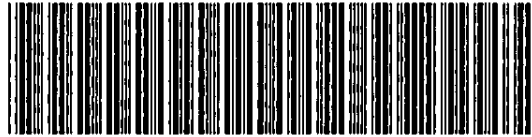
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2007 APR -3 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/4/07

COVER LETTER

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

(N.F.I)

SUBJECT: Nations Financing Inc. (Incorporated)
(PROPOSED CORPORATE NAME) (MUST INCLUDE SUFFIX)

Enclosed are 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: Sandra Costay
Name (Printed or typed)

9403 NW 49th pl
Address

Sunrise FL 33351
City, State & Zip

954-805-8333
Daytime Telephone 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:

Nations Financing Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9403 NW 49th pl Sunrise FL 33351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Process Loans: (Medical, Personal, Comercial
Residential and Mortgage,
Refinancing)

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Sandra Gotay (President)
9403 NW 49th pl
Sunrise FL 33351

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Sandra Gotay
9403 NW 49th pl
Sunrise FL 33351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sandra Gotay
9403 NW 49th pl
Sunrise FL 33351

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

Sandra Gotay
Signature/Registered Agent
Sandra Gotay
Signature/Incorporator

3/30/07
Date
3/30/07
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA