

PO7000128795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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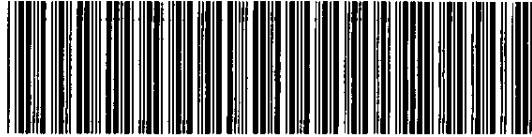
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: SENIOR LENDING CORPORATION
(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: MARK RODRIGUEZ
Name (Printed or typed)

3031 N. ROCKY POINT DRIVE
Address

TAMPA, FL 33607
City, State & Zip

813-490-4870
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:

SENIOR LENDING CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3031 N. ROCKY POINT DRIVE, TAMPA, FL 33607
SUITE 185

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MARK RODRIGUEZ
PRESIDENT

3031 N. ROCKY POINT DRIVE
SUITE 185
TAMPA, FL 33607

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

MARK RODRIGUEZ
3031 N. ROCKY POINT DRIVE, SUITE 185
TAMPA, FL 33607

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARK RODRIGUEZ
3031 N. ROCKY POINT DRIVE, SUITE 185
TAMPA, FL 33607

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

- Incorporator

Date

11-29-07

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA