

P/000006/841

(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 \_\_\_\_\_

Special Instructions to Filing Officer:

Lawrence B. Smith GAVE

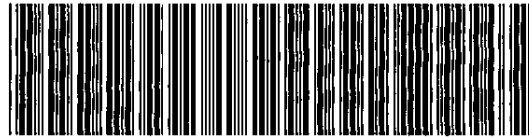
AUTHORIZATION BY PHONE TO

CORRECT Article II, VII, VII  
address

DATE \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JUL 27 PM 1:44

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AND  
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PS 7/30/10

## COVER LETTER

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

SUBJECT: ELLINGTON FINANCE CO  
(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

FROM: LAWRENCE BROWN-ELLINGTON  
Name (Printed or typed)

P.O. Box 2229  
Address

LAND O LAKES FL 34639  
City, State & Zip

813 420 6437  
Daytime Telephone number

lbellington@hotmail.com  
E-mail address: (to be used for future annual report notification)

**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:

*ELLINGTON FINANCE CO*

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

*PO BOX 2229 8516 Hunters Key Circle  
LAND O LAKES, FL 34639 Tampa, FL 33647*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: *TO PURSUE IN ALL COMMERCIAL ACTIVITIES  
IN THE UNITED STATES AND THE WORLD.*

**ARTICLE IV SHARES**

The number of shares of stock is: *1,000*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

*LAWRENCE BROWN-ELLINGTON PRESIDENT  
P.O. BOX 2229  
LAND O LAKES, FLORIDA 34639*

**ARTICLE VI REGISTERED AGENT**

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

*LAWRENCE BROWN-ELLINGTON  
8516 Hunters Key Circle  
Tampa, FL 33647*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*LAWRENCE BROWN-ELLINGTON  
8516 Hunters Key Circle  
Tampa, FL 33647*

\*\*\*\*\*  
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]*  
\_\_\_\_\_  
Signature/Registered Agent

*[Signature]*  
\_\_\_\_\_  
Signature/Incorporator

*July 21, 2010*  
\_\_\_\_\_  
Date

*July 20, 2010*  
\_\_\_\_\_  
Date

APPROVED  
AND  
FILED  
10 JUL 27 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA