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**Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6381

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**FLORIDA PROFIT/NON PROFIT CORPORATION
COMMUNITY LENDERS OF FLORIDA CORPORATION**

Certificate of Status	1
Certified Copy	0
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COVER LETTER

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

SUBJECT: COMMUNITY LENDERS OF FLORIDA 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: WILSON SANON

Name (Printed or typed)

1732 SOUTH CONGRSS AVENUE

Address

PALM SPRINGS, FLORIDA 33461

City, State & Zip

617-470-5604

Daytime Telephone number

STORE 3024@THEUPSSTORE.COM

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1/1

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: **COMMUNITY LENDERS OF FLORIDA CORPORATION****ARTICLE II PRINCIPAL OFFICE**Principal street address
4433 10th AVENUE NORTH
LAKE WORTH
FLORIDA 33461Mailing address, if different is:
1732 SOUTH CONGRESS AVENUE
PALM SPRINGS
FLORIDA 33461**ARTICLE III PURPOSE**The purpose for which the corporation is organized is:
TO SERVICE FINANCIAL DEALINGS WITH SHORT AND LONG TERM LOANS**ARTICLE IV SHARES**The number of shares of stock is: **100****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **WILSON SANON, P. SEC.**
Address: **1732 SOUTH CONGRESS AVENUE**
PALM SPRINGS, FLORIDA 33461
SHARES 51Name and Title: _____
Address: _____

_____Name and Title: **ADELIN SANON V.P.**
Address: **1732 SOUTH CONGRESS AVENUE**
PALM SPRINGS, FLORIDA 33461
SHARES 49Name and Title: _____
Address: _____

_____Name and Title: _____
Address: _____

_____Name and Title: _____
Address: _____

_____**ARTICLE VI REGISTERED AGENT**

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

Name: **WILSON SANON**
Address: **1732 SOUTH CONGRESS AVENUE**
PALM SPRINGS, FLORIDA 33461**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **WILSON SANON**
Address: **1732 SOUTH CONGRESS AVENUE**
PALM SPRINGS, FLORIDA 33461

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

Required Signature/Registered Agent_____
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator_____
DateSECRETARY OF STATE
TALLAHASSEE, FLORIDA

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