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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE FLORIDA

05/11/17



FLORIDA OFFICE OF FINANCIAL REGULATION

www.FLOFR.com

DREW J. BREAKSPEAR
COMMISSIONER

February 6, 2017

FILED
17 MAY -9 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ms. Alexis Granda
5017 Cape Hatteras Dr.
Clermont, FL 34714

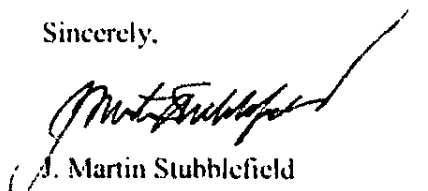
Re: TrustCorp Financial, Inc.

Dear Ms. Granda:

Thank you for your recent correspondence requesting approval for use of the above-referenced name.

It is the opinion of this Office that the corporate name (TrustCorp Financial, Inc.) is definitive enough to differentiate the business being conducted from that of a commercial bank, trust company or credit union. Therefore, the Office does not object to your use of the above-referenced name being registered to conduct business in the state of Florida. However, this does not give one the authority to act in any licensed capacity until all licensing requirements have been met within this state.

Sincerely,


J. Martin Stubblefield
Director
Division of Financial Institutions

JMS/dlb

cc: Lyn Shoffstall, Chief, Bureau of Commercial Recordings, Division of Corporations,
Department of State

COVER LETTER

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

SUBJECT: TrustCorp Financial, Inc
(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: Swyft Filings / Attn: Sonia Becerra
Name (Printed or typed)

12605 East Freeway Suite 509
Address

Houston, Texas 77015
City, State & Zip

877-777-0450
Daytime Telephone number

filings@swyftfilings.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: TrustCorp Financial, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7208 W Sand Lake Rd Suite 305

Orlando, FL 32819

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Financial Consulting

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CLERK OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alexis Granda - President

Name and Title: Alexis Granda - Treasurer

Address 7208 W Sand Lake Rd Suite 305

Address: 7208 W Sand Lake Rd Suite 305

Orlando, FL 32819

Orlando, FL 32819

Name and Title: Alexis Granda - Secretary

Name and Title: Alexis Granda - Director

Address 7208 W Sand Lake Rd Suite 305

Address: 7208 W Sand Lake Rd Suite 305

Orlando, FL 32819

Orlando, FL 32819

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: LegalCorp Solutions, LLC
Address: 3440 W Hollywood Blvd. Suite 415
Hollywood, FL 33021

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CLERK OF THE COURT
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Sonia Becerra
Address: 12605 East Freeway Suite 509
Houston, Texas 77015

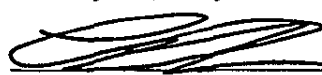
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Travis Crabtree, OBO
LegalCorp Solutions, LLC
Required Signature/Registered Agent

05/05/2017
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

05/05/2017
Date