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(Business Entity Name)

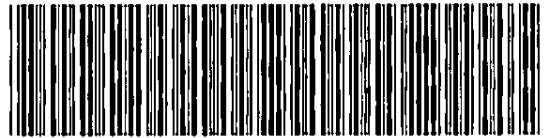
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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 7/26/18

NAME: SIRENA CREDIT COMPANY

TYPE OF FILING: ARTICLES

COST: 78.75

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

attest

COVER LETTER

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

SUBJECT: SIRENA CREDIT COMPANY

(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: JOELLE CHURIK/ UNISEARCH, INC.

Name (Printed or typed)

6420 DOUBLE EAGLE DRIVE, SUITE 307

Address

WOODRIDGE, IL 60517

City, State & Zip

844-437-3663

Daytime Telephone number

JOELLE.CHURIK@UNISEARCH.COM

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

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

18 JUL 26 PM 9:51
C11

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: SIRENA CREDIT COMPANY

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1075 DUVAL STREET, SUITE C19

KEY WEST, FL 33040

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FINANCE COMPANY

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ASHLEY KALUS, PRESIDENT

Address 1075 DUVAL STREET, SUITE C19

KEY WEST, FL 33040

Name and Title: ASHLEY KALUS, VP

Address: 1075 DUVAL STREET, SUITE C19

KEY WEST, FL 33040

Name and Title: ASHLEY KALUS, TREASURER

Address 1075 DUVAL STREET, SUITE C19

KEY WEST, FL 33040

Name and Title: ASHLEY KALUS, DIRECTOR

Address: 1075 DUVAL STREET, SUITE C19

KEY WEST, FL 33040

Name and Title: _____

Address _____

Name and Title: _____

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: UNISEARCH, INC.
Address: 155 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARK S. LITNER
Address: 111 WEST WASHINGTON ST., STE 900
CHICAGO, ILLINOIS 60602

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

Joelle Churik 7/26/18
Required Signature/Registered Agent Date
Joelle Churik, Asst Secretary

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.

Mark S. Litner 7/26/18
Required Signature/Incorporator Date
MARK S. LITNER