## Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353

Phone

: (800)221-2972

Fax Number

: (888)692-9256

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## FLORIDA PROFIT/NON PROFIT CORPORATION SHILOH ASSET MANAGEMENT INC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$70.00 |

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Corporate Filing Menu

Help

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

| ARTICLE I NAME The name of the corporate | tion shall be: SHILOH ASSET                     | MANAGEMENT II        | NC                       |                     |
|--|---|----------------------|--------------------------|---------------------|
| ARTICLE II PRINC                         |   |                      |                          | s, if different is: |
| ST AUGUSTINE, FL 3                       | 2080  | _                    |                          |                     |
|  | <u>OSE</u><br>he corporation is organized is: _ | Any and all lawful p | purposes for which a cor |                     |
|  |   |                      |                          |                     |
|  |   |                      |                          | 18                  |
| ARTICLE IV SHARE The number of shares of | ES 100<br>stock is:                             |                      |                          | DCT - 1 PM          |
|  | L OFFICERS AND/OR DIREC                         |                      |                          | <b>€</b>            |
| Name and Title                           | DONALD FAZIO, Director                          | Name                 | and Title:               | 5 70 kg             |
| Address                                  | 57 COMARES AVE                                  | Addre                | ress:                    |                     |
|  | ST AUGUSTINE, FL 32080                          |                      | <u>-</u>                 |                     |
| Name and Title:                          |   |                      |                          |                     |
| Address                                  |   | Addre                | :ss:                     | <del></del>         |
|  |   |                      |                          |                     |
| Name and Title:                          |   | Name                 | and Title:               |                     |
| Address                                  | <del></del>                                     | Addre                | !ss:                     |                     |
|  |   |                      |                          |                     |

| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name: DONALD FAZIO  37 COMARES AVE 5T AUGUSTINE, FL 32080  ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: TATYANA KUKULIYEVA Address: 16 COURT ST, 14TH FL BROOKLYN, NY 11241  ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date, if other than the date of filing: 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.  Howing been named as registered agent to accept spifice 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 SignatureRegistered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that the facts information submitted in a document to the Department of State constitutes a third degree felony as provided for in x817.155, F.S.  POZE/2018 Required Signature Incorporator  Date  POZE/2018  POZE/2018  Date   | Name and Title:                       |  | Name and Title:  | Name and Title:                                    |  |  |
|---|---------------------------------------|--|--|--|--|--|
| The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:  DONALD FAZIO  57 COMARES AVE  ST AUGUSTINE, FL 32080   ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Address:  TATYANA KUKULIYEVA  16 COURT ST, 14TH FL  BROOKLYN, NY 11241   ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (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 spirice 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.  9/28/2018  | Address                               |  | Address:   |  |  |  |
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| Name:  Address:  ST AUGUSTINE, FL 32080  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Address:  In COURT ST, 14TH FL  BROOKLYN, NY 11241  ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:  (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 spylice of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept 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 spylice 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  P(28/18)  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.  | ARTICLE VI                            | REGISTERED AGENT   | ble) of the registered agent is:   |  |  |  |
| Address:  ST AUGUSTINE, FL 32080  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  TATYANA KUKULIYEVA  16 COURT ST, 14TH FL  BROOKLYN, NY 11241   ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:  (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 species 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 acc in this capacity  Required Signature/Registered Agent  Date  I submit this document ond 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.  9/28/2018  |                                       | · · · · · · · · · · · · · · · · · · ·  | ,  |  |  |  |
| ST AUGUSTINE, FL 32080  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  TATYANA KUKULIYEVA  Address:  16 COURT ST, 14TH FL  BROOKLYN, NY 11241   ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:  (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 surface 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  9/28/18  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.   |                                       | 57 COMARES AVE   | <del></del>  |  |  |  |
| TATYANA KUKULIYEVA  Name:  TATYANA KUKULIYEVA  16 COURT ST, 14TH FL  BROOKLYN, NY 11241   ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:  (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 softice 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  9/28/18  Reduired Signature/Registered Agent  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.   | 7100.000                              | ST AUGUSTINE, FL 32080   | - <del></del>  |  |  |  |
| Name:  Address:  16 COURT ST, 14TH FL  BROOKLYN, NY 11241   ARTICLEVIII EFFECTIVE DATE: Effective date, if other than the date of filing:  (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 sapples 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  Polyable  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.  | ARTICLE VII                           | <u>INCORPORATOR</u>  |  |  |  |  |
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| ARTICLE VIIIEFFECTIVE DATE:  Effective date, if other than the date of filing:  | Name:                                 | TATYANA KUKULIYEVA   |  |  |  |  |
| ARTICLE VIIIEFFECTIVE DATE:  Effective date, if other than the date of filing:  | Address:                              | 16 COURT ST, 14TH FL   | _ <del>_</del>   |  |  |  |
| Effective date, if other than the date of filing:  (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 softice 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  9/28/18  Required Signature/Registered Agent  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.   |                                       | BROOKLYN, NY 11241   | <del></del>  |  |  |  |
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| document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  9/28/2018   |                                       | Required Signature/Registered Ages   | nt   | Date   |  |  |
|   | I submit this do                      | cument and affirm that the facts stated herei<br>Department of State constitutes a third degree    | n are true. I am aware that the fals<br>s felony as provided for in s.817.155, | e information submitted in a F.S.                  |  |  |
| Required Signature/Incorporator Date  |                                       | 4 ntimes/x   | •  | 9/28/2018  |  |  |
|   | Requ                                  | ired Signature/Incorporator  |  | Date   |  |  |

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