## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : USACORP INC. Account Number : I20130000019 Phone : (718)362-4789 Fax Number : (718)408-2550

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

KevinWolfer@KennedyFunding.com Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION

Samax Funding, Inc.

Certificate of Status	0
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## ARTICLES OF INCORPORATION

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

LE II PRIN	CIPAL OFFICE		
Principal street address O3 Collins Avenue Apt. 403 Harbour, FL 33154			ling address, if different is s Avenue Apt. 403
		Bal Harbour,	
CLE III PURI	POSE Loan Br	oker	
		<u> </u>	
	<del></del>		
		· · · · · · · · · · · · · · · · · · ·	
	of stock is:	<del></del>	
umber of shares of	of stock is:		
omber of shares of the CLE V INIT	tle:  10203 Collins Avenue Apt. 403	Name and Title:	
umber of shares of	of stock is:  **IAL OFFICERS AND/OR DIRECTORS** tlc:  **Land Control of the contr	Name and Title:	
omber of shares of the CLE V INIT	tle: 10203 Collins Avenue Apt. 403	Name and Title:	
CLE V INIT  Name and Ti  Address	tle:  10203 Collins Avenue Apt. 403  Bal Harbour, FL 33154	Name and Title: Address:	
CLE V INIT  Name and Ti  Address  Name and Tit	tle:  10203 Collins Avenue Apt. 403  Bal Harbour, FL 33154	Name and Title:  Address:  Name and Title:	
CLE V INIT  Name and Ti  Address	tle:  10203 Collins Avenue Apt. 403  Bal Harbour, FL 33154	Name and Title:  Address:  Name and Title:	
CLE V INIT  Name and Ti  Address  Name and Tit	tle:  10203 Collins Avenue Apt. 403  Bal Harbour, FL 33154	Name and Title: Address: Name and Title: Address:	
CLE V INIT  Name and Ti  Address  Name and Tit	MAL OFFICERS AND/OR DIRECTORS  Kevin Wolfer. President  10203 Collins Avenue Apt. 403  Bal Harbour, FL 33154	Name and Title: Address: Name and Title: Address:	
CLE V INIT  Name and Ti  Address  Name and Tit  Address	tle:  10203 Collins Avenue Apt. 403  Bal Harbour, FL 33154	Name and Title:  Address:  Name and Title:  Address:	
CLE V INIT  Name and Ti  Address  Name and Tit  Address	MAL OFFICERS AND/OR DIRECTORS  Kevin Wolfer. President  10203 Collins Avenue Apt. 403  Bal Harbour, FL 33154	Name and Title:  Address:  Name and Title:  Address:  Name and Title:  Name and Title:	

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09/15/2021 12:12 17184082550 From:17184082550 To:18506176381

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Name a	nd Title:	Name and Title:
Addres		Address:
	REGISTERED AGENT	IA Sales a Carrella contra
Name:	Florida street address (P.O. Box NOT acceptal Kevin Wolfer	
Address:	10203 Collins Avenue Apt. 403	
	Bal Harbour, FL 33154	
ARTICLE VII	INCORPORATOR	
The name and a	address of the Incorporator is:	
Name:	Kevin Wolfer	
Address:	10203 Collins Avenue Apt. 403	
	Bal Harbour, FL 33154	
Effective date, i		(OPTIONAL) annot be more than five business days prior or 90 business
	te inserted in this block does not meet the applie effective date on the Department of State's recu	cable statutory filing requirements, this date will not be listed as ords.
Having been na this certificate, i	amed as registered agent to accept service of pr I am familiar with and accept the appointment	ocess for the above stated corporation at the place designated in as registered agent and agree to act in this capacity
/s	s/ Kevin Wolfer	9/15/2021
	Required Signature/Registered Agen	Date
	cument and affirm that the facts stated herein Department of State constitutes a third degree	a are true. I am aware that the false information submitted in a felony as provided for in s.817.155, F.S.
,	/s/ Kevin Wolfer	9/15/2021
Required Signature/Incorporator		Date