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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP
Account Number : I20040000031
Phone : (800)906-9220
Fax Number : (800)906-9880

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

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TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION**Green Light Funding Corp**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$78.75

HL

Electronic Filing Menu

Corporate Filing Menu

Help

(((H22000098633 3)))

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

ARTICLE I NAMEThe name of the corporation shall be: Green Light Funding Corp**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
1100 BRICKELL BAY DR APT 75A, MIAMI, FL 33131Mailing address, if different is:

_____**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: CONSULTING AND ANY LAWFUL PURPOSES

_____**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: DAVID SIMON, PRESIDENTAddress: 1100 Brickell Bay Drive Apt 75A
MIAMI, FL 33131

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: DAVID SIMON
 Address: 1100 Brickell Bay Drive Apt 75A
MIAMI, FL 33131

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: DAVID SIMON
 Address: 1100 Brickell Bay Drive Apt 75A
MIAMI, FL 33131

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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*David Simon

Required Signature/Registered Agent

3/16/2022

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.*David Simon

Required Signature/Incorporator

3/16/2022

Date