

P240000064949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

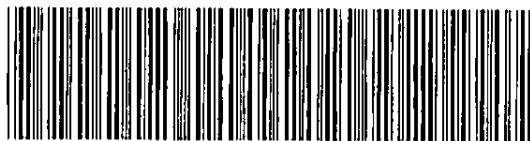
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700434690257

2024 OCT 21 PM 9:47

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SECRETARY OF STATE
HALLMARKS & RECORDS

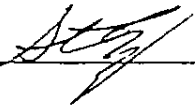
CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Position One Lending Inc.

Please Debit FCA000000003 For: 70

Thank you Seth Neeley



2024 OCT 01 10:47

_____	Art of Inc. File_____
_____	LTD Partnership File_____
_____	Foreign Corp. File_____
_____	L.C. File_____
_____	Fictitious Name File_____
_____	Trade/Service Mark_____
_____	Merger File_____
_____	Art. of Amend. File_____
_____	RA Resignation_____
_____	Dissolution / Withdrawal_____
_____	Annual Report / Reinstatement_____
_____	Cert. Copy_____
_____	Photo Copy_____
_____	Certificate of Good Standing_____
_____	Certificate of Status_____
_____	Certificate of Fictitious Name_____
_____	Corp Record Search_____
_____	Officer Search_____
_____	Fictitious Search_____
_____	Fictitious Owner Search_____
_____	Vehicle Search_____
_____	Driving Record_____
_____	UCC 1 or 3 File_____
_____	UCC 11 Search_____
_____	UCC 11 Retrieval_____
_____	Courier_____

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

COVER LETTER

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

SUBJECT: Position One Lending, 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: Daniel Delgado
Name (Printed or typed)

6500 Cow Pen Road, Suite 304
Address

Miami Lakes FL 33014
City/State & Zip

786-251-2557
Daytime Telephone number

bigdanny26@aol.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: Position One Lending, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6500 Cow Pen Road, Suite 304
Miami Lakes, FL 33014

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daniel Delgado / P Name and Title: _____

Address: 6500 Cow Pen Road Address: _____
Suite 304
Miami Lakes, FL 33014

Name and Title: Kristina A Delgado / VP Name and Title: _____

Address: 6500 Cow Pen Road Address: _____
Suite 304
Miami Lakes, FL 33014

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: Daniel Delgado

Address: 6500 Cow Pen Road, Suite 304
Miami Lakes, FL 33014

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Daniel Delgado

Address: 6500 Cow Pen Road, Suite 304
Miami Lakes, FL 33014

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.)

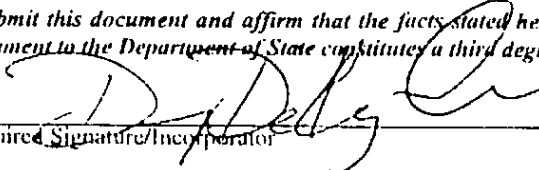
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

10/20/2024
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

10/20/2024
Date