P95000040422

TRANSMITTAL LETTER

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

200001489622 -05/16/95--01152--004 *****78.75 *****78.75

| DEPEN SUBJECT: | DABLE FUNDING | G CORP. | | | |
|--------------------------------|---|--|--|-------------|----------|
| | Proposed corporate i | name - must include su | lfix) | | |
| Enclosed is an origina for: | I and one (1) co | py of the articles o | fincorporation | and a check | |
| \$70.00 Filing Fee FROM: | X \$78.75 Filing Fee & Certificate LUCIA M. MAZZA Name (| \$122.50 Filing Fee & Certified Copy Additional Copy | \$131.25 Filing Fee, Certified Copy & Certificate Required | 95 HAY 19 | <u> </u> |
| | 3530 HELICAN HU | Address 33914 | | | |
| | _(813) 549-1000 | r, State & Zip Telephone number | 264 | W95 - 105: | 31 |
| | | | /57, | 502 691 6 | 71 |

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





FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 18, 1995

LUCIA M. MAZZA 3530 PELICAN BLVD. CAPE CORAL, FL 33914

SUBJECT: ATLANTIC AND PACIFIC FUNDING CORP.

Ref. Number: W95000010531

We have received your document for ATLANTIC AND PACIFIC FUNDING CORP, and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

The document must state the number of shares of authorized stock.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6926.

Sheldon Bream Document Specialist

Letter Number: 995A00025486

ARTICLES OF INCORPORATION

95 HAY 19 AH 9: 14

CECARINARY OF STATE TALLAHASSEL FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

DEPENDABLE FUNDING CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3530 FELICAN HIMD.

CAPE CORAL FL. 33914

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES TOTAL 30 SHARES OUTSTANDING

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LUCIA M. MAZZA

3530 FELICAN BLVD.

CAPE CORAL FL. 33914

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

LLCIA M. MYZZA

3530 HLIOW HAD.

CAPE CORAL FL. 33914

CORPORMITION PURPOSE- TO HOVER OR FACTOR ACCOUNT RECIEMABLES.

THE FORCING PURPOSE MD ACTIVITIES WILL HE INTERPRETED AS EXMPLES ONLY AND NOT AS LIMITETIONS, MD NOTHING THERE IN SHALL HE DEPMED AS HIGHERITHING THE CORROWATION FROM ENGAGING IN MAY INM-FUL ACT OF ACTIVITY FOR WHICH A CORPORATION MAY HE OFORNIZED UNDER THE GENERAL CORPORATION Law OF FLORIDA. COUNTY OF LEE.

| ay of | MY | | , 19 | 95 | <u> </u> |
|-------------|------------|------------------|-------|---------------|--------------|
| A | Cucia 7/1. | 710350 USIgni | ature | | - |
| | - | Signa | | . | |
| | | Signa | ture | | |

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

| 1. The name of the corporation is | DEPENDABLE FINDING CRP. | |
|------------------------------------|---|----------------------|
| 2. The name and address of the | registered agent and office is: | |
| шо | IA M. MAZZA | |
| | (NAME) | 95 |
| 3530 | PELICAN HUD. | |
| (P. | O. Box or Mail Drop Box NOT ACCEPTABLE) | - 0 G |
| CAPE | (CRAL FL. 33914 (CITY/STATE/ZIP) | - 19 H |
| agent and agree to act in this car | red agent and to accept service of process for ted in this certificate, I hereby accept the appoi pacity. I further agree to comply with the prov te performance of my duties, and I am familiar istered agent. | ntment as registered |
| Lucia M. Maggo. | TURE) 5/15/95 (DATE) | |