

995000040953

Seamless Reception Corp
P.O. Box 17241
Cleveland OH
34622

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

EFFECTIVE DATE

May 8, 1995

20000014386362

05/12/95--01107--006

*****20.00 *****20.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

489 615 671

WFS000010272

WJWS135

EXACT 12 PM 12-41

CR2E031(10/92)

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 15, 1995

SEMINOLE ACCEPTANCE CORP
P.O. BOX 17241
CLEARWATER, FL 34622

SUBJECT: SEMINOLE ACCEPTANCE CORPORATION
Ref. Number: W95000010272

We have received your document for SEMINOLE ACCEPTANCE CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

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) 487-6052.

Vickie Whitfield
Corporate Specialist

Letter Number: 895A00024909

**CERTIFICATE OF INCORPORATION
OF
SEMINOLE ACCEPTANCE CORPORATION**

THE UNDERSIGNED, being over the age of eighteen years, in order to form a corporation pursuant to the provisions of the Corporate Code, hereby certifies as follows:

**FIRST
IDENTIFICATION**

The name of the corporation, hereinafter referred to as the "Corporation," is SEMINOLE ACCEPTANCE CORPORATION

**SECOND
PERIOD OF EXISTENCE**

The period during which the corporation shall continue is perpetual.

**THIRD
REGISTERED OFFICE AND REGISTERED AGENT**

The address of the initial registered office ^{and principal office} of the Corporation is 15809 SEA OATS PLACE, TAMPA, FL. 33624
and the name and address (if different) of the initial registered agent therein and in charge thereof, upon whom process against the Corporation may be served, is AMY STANLEY

**FOURTH
PURPOSE**

The purpose of the Corporation is to engage in any or all lawful business for which corporations may be organized under the provisions of the General Corporation Law of Delaware.

**FIFTH
SHARES**

The total authorized capital stock of the Corporation is FIVE HUNDRED (500) shares having a Par Value of ONE DOLLAR. All or any part of said shares may be issued by the Corporation from time to time and for such consideration as may be determined upon or fixed by the Board of Directors, as provided by law.

**SIXTH
INCORPORATOR'S ADDRESS**

The name and post office address of the Incorporator of the Corporation is as follows:

AMY STANLEY
15809 SEA OATS PLACE
TAMPA, FLORIDA 33624

EFFECTIVE DATE

May 8, 1995

SEVENTH
DIRECTORS

The powers of the Incorporator are to terminate upon the filing of this Certificate of Incorporation and the name(s) and mailing addresses of persons who are to serve as director(s) until the first meeting of stockholders or until their successors are elected and qualify are as follows:

AMY STANLEY 15809 SEA OATS PLACE TAMPA, FLORIDA 33624

JEFF CROWELL P.O. BOX 17241 CLEARWATER, FLORIDA 34622

SEP 12 PM 12:41

EIGHTH
INDEMNITY

Directors of the corporation shall not be liable to either the corporation or its stockholders for monetary damages for a breach of fiduciary duties unless the breach is one which invokes: (1) a director's duty of loyalty to the corporation or its stockholders; (2) acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law; (3) liability for unlawful payments of dividends or unlawful stock purchases or redemption by the corporation; or (4) a transaction from which the director derived an improper personal benefit.

The effective date of this Certificate of Incorporation shall be MAY 8, 1995.

IN WITNESS WHEREOF, the undersigned Incorporator has caused this Certificate of Incorporation to be executed as of

MAY 8, 1995

Amy Stanley
(Incorporator)

I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation.

Amy Stanley

FORM B

INCORPORATOR'S CERTIFICATE

OF

Seminole Acceptance Corporation

I, Amy Stanley, the sole incorporator of Seminole Acceptance Corporation, a

FLORIDA corporation formed in accordance with the laws of that state sign this statement to set forth action taken as follows:

FIRST: I state that the Certificate of Incorporation of Seminole Acceptance Corporation, a true copy of which is annexed to this statement, was filed with the Department of State of Florida on May 8, 1995.

SECOND: The by-laws annexed to this statement have been adopted by me as the by-laws of the Corporation.

THIRD: The following persons have been nominated and elected by me as directors of the Corporation to hold office until the first annual meeting of shareholders and until their successors are elected and qualify

Amy Stanley, Pres
Jeff Crowell, Sec/TRES

FOURTH: I hereby assign all my rights as incorporator of the Corporation to the above-named directors.

The foregoing is established by my signature on this instrument at Tampa, Florida on this 8 day of May, 19 95.

Amy Stanley
(Incorporator)

P95000040953

Sample Acceptance Corp
Requestor's Name

PO Box 17241
Address

Clearwater, FL 34622
City/State/Zip Phone #

Office Use Only

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*****35.00 *****35.00

Examiner's Initials

*** FILING FEE: \$35.00 ***

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Seminole Acceptance Corp

2. The mailing address of the corporation is: P.O. Box 17241
Clearwater, FL 34622

3. Date of incorporation/qualification: 5/8/95 Document number: P95000040953

4. The name and address of the current registered agent and office:

AMY STANLEY
15809 SEA OATS PLACE
TAMPA, FL 33624

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

JASON REYNOLDS
6401 SW WESTSHORE BLVD
TAMPA, FL 33616

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Jason Reynolds
(Signature of an officer, chairman or vice chairman of the board)

8-17-97
(Date)

JASON REYNOLDS Pres
(Printed or typed name and title)

8-17-97
(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Jason Reynolds
(Signature of Registered Agent)

8-17-97
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)