### או : 11 אן פּ- מער בּפֿ VASION OF CORPORATION 30000150+7333 -06/03/95--01041--016 \*\*\*\*122.50 \*\*\*\*122.50 CORPORATION(S) NAME REdito FINANCIAL Corporation Free: 1-800-432-3028 ( Profit ( ) NonProfit Ş ( ) Amendment ( ) Merger ( ) Foreign ( ) Dissolution ( ) Mark ) Limited Partnership ) Annual Report ( ) Other ( ) Reinstatement ) Reservation ) Change of Registered Agent ( /) Certifled Copy ( ) Photo Copies ( ) Certificate Under Seal ( ) Call When Ready ( ) Cell If Problem ( ) After 4:30 ( Walk In ( ) Will Walt ( Pick Up ( ) Mall Out Cirillian COPY Availability Document Examiner Updater \* (3400 RA JUN 1 3 1995 Acknowledgment

Name

Verifier

W.P. Varifier

CR2E031 (R8-85)



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 9, 1995

**EMPIPE** 

TALLAHASSEE, FL 32301

SUBJECT: CREDITO FINANCIAL CORPORATION

Ref. Number: W95000011794



We have received your document for CREDITO FINANCIAL CORPORATION and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete busines: reet address.

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) 487-6904.

Freida Chesser Corporate Specialist

Letter Number: 795A00028495

#### TRANSMITTAL LETTER

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

SUBJECT:	CREDITO FINANCIAL (	CORP.
	(proposed corporate name)	TASE 89
Enclosed please f	ind an original and one (1) copy of the article	S of Incorporation for the control of the control o
above corporation	and check in the amount of \$ /22.17	±3 ≥ 0
	_	D: 24 ORDA
FROM:	FRANK CARRILLO VEARE 3663 S.W. 8ST.	illa PA
	3663 S.W. 85t.	Suite 214
	Miani Florida	
	City, State, & Zip	<del></del>
	(305) KKK-3000	
	Telephone Number	

Note: Additional copy of articles is needed only when certified copy is requested.

#### **ARTICLES OF INCORPORATION**

<u>QF</u>

Credito Financial Corporation

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:

Credito Financial Corporation

## ARTICLE II PRINCIPAL OFFICE

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

10030 S.W. 156th Avenue
Miami, Florida 33196
ARTICLE III CAPITAL STOCK

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

1000

# ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

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The name and address of the initial registered agent is:

Frank Carrillo, Esq. Carrillo & Carrillo, P.A. 3663 S.W. 8th Street Suite 214

Miami, Florida 33135

# ARTICLE V INCORPORATOR(S)

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

Roberto C. Gongora-President 10030 S.W. 156th AVE. MIAMI FLORIDA 33196

The undersigned has(have) executed these Articles of Incorporation this

7th day of June 19 95

Signature/Title

Signature/Title

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the tate 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: Credito Financial Corporation		
	*		
2.	The name and address of the registered agent and office is:		
	Frank Carring CSG.		
	Carrillo & Carrillo, P.A.		
	(P.O. BOX NOT ACCEPTABLE)		
	Miami, Florida 33135		
	(CITY/STATE/ZIP)		
	SIGNATURE (corporate officer)  TITLE President		
	DATE <u>6/7/95</u>		
PF TH AN PF	AVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF ROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN HIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGEN NO AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE ROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PER DRANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.		
	SIGNATURE / Laufe ( )		

REGISTERED AGENT FILING FEE: \$35.00

DATE 6/7/95