



FLORIDA DEFARTMENT OF STATE Sandra B. Mortham Secretary of State

September 15, 1995

LOWNDES DROSDICK DOSTER

ORLANDO, FL

SUBJECT: SKR, INC. RRF: W95000018598

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Loria Poole Corporate Specialist

FAX Aud. #: H95000010282 Letter Number: 995A00042522

Division of Corporations - P.O. Box 6327 - Tallahasses, Florida 32314

H95000010282

ARTICLES OF INCORPORATION

<u>OF</u>

SKR. INC.

95 SEP 15 PH 4: 25
SECRETARY CF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of this corporation is SKR FUNDING, INC.

ARTICLE II - PRINCIPAL OFFICE AND MAILING ADDRESS

The street address of the principal office and the mailing address of the corporation shall be 2345 Cheshire Bridge Road, Suite 4, Atlanta, Georgia 30324.

ARTICLE III - CAPITAL STOCK

This corporation is authorized to issue one thousand (1,000) shares of TEN CENT (\$.10) par value common stock.

ARTICLE IV - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 215 North Eola Drive, Orlando, Florida 32801 and the name of the initial registered agent of this corporation at that address is Michael V. Elsberry.

ARTICLE V - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director initially. The number of directors may be either increased or decreased from time to time as provided in the Bylaws of the corporation, but shall never be less than one (1). The name and address of the initial director are as follows:

Richard Homa

2345 Cheshire Bridge Rd., Ste. 4 Atlanta, Georgia 30324

This document was prepared by: MICHAEL V. ELSBERRY, ESQ.

Florida Bar Number: 191861 Lowndes, Drosdick, Doster, Kantor & Reed, P.A. P. O. Box 2809 Orlando, Florida 32802-2809

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(407) 843-4600

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ARTICLE VI - INCORPORATOR

The name and address of the person signing these Articles are as follows:

Michael V. Elsberry

215 North Eola Drive Orlando, Florida 32801

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 14th day of September, 1995.

ACCEPTANCE OF REGISTERED AGENT

The undersigned hereby accepts the designation as Registered Agent of SKR, INC.

Michael V. Elsberry

WAIVER OF SUBSCRIPTION RIGHTS

The undersigned hereby waives any rights of subscription which may have accrued by virtue of the undersigned acting as Incorporator of SKR, INC.

Michael V Eisberry

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| <u></u> | PLEASE REAL | O ALL IN | STRUCTIC | NS BEFORE | COMPL | ETING THIS FORM. | | |
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| FOR Sandra B. Mortham REINSTATEMENT REINSTATEMENT REINSTATEMENT REINSTATEMENT REINSTATEMENT REINSTATEMENT REINSTATEMENT | | | | | E | DIVISION OF CONTROL ATE | | |
| DOCUMENT # 145000071540 SKR, Inc. D/B/A Cash 4 Titles | | | | | | 96 SEP 18 MIIII: 04 | | |
| 600 F Holly | Place of Business Ridgewood Ave. 23 y Hill, FL 32117 Su At | 345 Ches uite 4 tlanta, (| ong Address Shire Bridg GA 30324 | | | | | |
| 2 New Pre | addresses are incorrect in any way, time thre encipal Office Address, if Applicable | 3 New Mail | ailing Address, If App | ter correction below plicable | 4 Date inc. To Do F | 4 date incorporated or Qualified To Do Business in Florida | | |
| Suite Apt | | Suite, Apt. # | | | 5. FEI Numi | September | 15, 1995 | |
| Zip & State | | City & State | 1 | | 59-33 | 338689 | Applied Fc Not Applicable | |
| === | Country | Zip | Cour | | CERTIFICA | ATE OF STATUS DESIRED 58 75 A | Not Applicable Additional For required Certificate of Status | |
| 7 Names a | and Street Addresses of Each Officer and/o Name of Officers and/or Directors |) S | porations must list at leas Street Address of Each Officer and/or Director Use Post Office Box No | ast 3 directors) | City / State / | | | |
| Pres. | Charles R. Homa | | 1 | well Rd., #1 | | Memphis, TN 3811 | | |
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| | | | | | | 99666619 -09/30/96010 ****375.00 * | 046~-nna L | |
| <u></u> | 6. Name and Address of Current Reg | naistared Ager | | | | 1 | | |
| Uchael V. Elsberry Forming | | | | |). Name and # | Address of New Registered Agent | | |
| 215 North Eola Drive | | | | |). Box Number | is Not Acceptable) | CR2E040 [12:95] | |
| :lando, | o, FL 32802 | | Suite, Apt. #, E.c. | | a Not Neceptable) | R2E04 | | |
| Con | | | | City | | Constant | | |
| I, being ap | poynted the egistered agent of the boven | naroes corpora | ation am familiar wi | | 22.00 | State Zip C | ode | |
| gnature of egistered Age | juni / Julius V/ | Aug FIERED AGEN | u | ith and accept the obliga | tions of Section | on 607.0505, F.S. Date | 6 | |
| | s this corporation pay any t. of Revenue under S. 19 | y intangibl 99.032, Fl | ole tax to the Torida Statu | ıtes. Yes 🔝 | No X | - Un intangible fax | x.) ! | |
| I do hereby lease the Dr certify that I this reinstati fees owed t under oath | y sertify that the information supplied with the busion of Corporations from any liability of r. I am an officer or director or the receiver or thement application the reason for dissolution by the corporation have been paid. The inter- | nis filing is volui non-compliance ir trustee arre- on has been et formation indic | intanly furnished an o with Section 113. | id does not qualify for t 07(3)(k) in the event th his application as prov orate name satisfies th ation is true and accur | the exemption that the format ided for in challe requirements rate, and my state. | stated in Section 119.07(3)(k). Florid ion supplied is deemed exempt from pler 607 or 617, F.S. I lurtner certify j of section 607.0401 or 617.0401, F ignature shall have the same legal e | ta Statutes. I re- public access. I that when filing 5 and that all iffect as if made | |
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