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

*****70.00 *****70.00

SUBJECT: _	Suncoast	Suncoast Credit & Financial Services, Inc. (Proposed corporate name - must include suffix)				
Englosed is an o	riginal and one(1) (es of incorporation and a	,		
\$70.0 Filing Fe	oo 🔲 S	578.75 ng Fee Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate		
FRC	DM : <u>Mic</u>	Michelle Reynolds Name (Printed or typed)				
	P.C	P.O. Box 13273 Address Tampa, FL 33681-3273 City, State & Zip				
	Tan	Tampa, FL 33681-3273 City, State & Zip				
	813	813-805-0098 Daytime Telephone number			STATE NS	

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

ARTICLES OF INCORPORATION

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

ARTICLE I

The name of the corporation shall be: Suncoast Credit & Financial Services,

ARTICLE II PRINCIPAL OFFICE

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

4205 Bay Villa Avenue West Tampa, FL 33611-1205

P.O. Box 13273 Tampa, FL 33681-3273

SHARES ARTICLE III

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

1share)

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Michelle Reynolds 4205 Bay Villa Avenue West Tampa, FL 33611-1205

INCORPORATOR <u>ARTICLE</u> V

The name and address of the incorporator to these Articles of Incorporation are:

Michelle Reynolds 4205 Bay Villa Avenue West Tampa, FL 33611-1205

Signature/Incorporator

September 26, 1998

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

> egholds Signature/Registered Agent

September 26, 1998

Date