

TRANSMITTAL LETTER

P99000044008

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

600002869086--9

05/10/99-01075-009

*****78.75 *****78.75

SUBJECT: UNION CREDIT FINANCE, CO.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status.
ADDITIONAL COPY REQUIRED

FROM: MIGUEL RISHMAGUE
Name (Printed or typed)

901 SAN PEDRO AVE.
Address

CORAL GABLES, FLORIDA 33156-6340
City, State & Zip

(305)-633-7387
Daytime Telephone number

FILED
99 MAY 10 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

T. SMITH MAY 14 1999

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 NAME

The name of the corporation shall be:

UNION CREDIT FINANCE, CO.

ARTICLE II PRINCIPAL OFFICE

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

3760 N.W. 54th STREET
MIAMI, FLORIDA 33142

ARTICLE III SHARES

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

1000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MIGUEL RISHMAGUE
901 SAN PEDRO AVE.
CORAL GABLES, FLORIDA 33156-6340

ARTICLE V INCORPORATOR

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

MIGUEL RISHMAGUE 901 SAN PEDRO AVE.
CORAL GABLES, FLORIDA 33156-6340


Signature/Incorporator

MAY 06, 1999

Date

(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


Signature/Registered Agent

MAY 06, 1999

Date

FILED
99 MAY 10 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA