

TRANSMITTAL LETTER

P99000072688

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

500002955975--9
-08/10/99--01060--010
*****87.50 *****87.50

SUBJECT: Domco Finance ATR, Inc.
(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: Dominick Sammarone
Name (Printed or typed)

588 SW St. Johns Bay
Address

Port St. Lucie, FL 34986
City, State & Zip

(561) 785-5775
Daytime Telephone number

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

FILED
99 AUG 10 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TS 8/10/99

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:

Domco Finance Ctr., Inc.

ARTICLE II PRINCIPAL OFFICE

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

588 SW St Johns Bay
Port St. Lucie, FL 34986

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Dominick F. Sammarone
588 SW St Johns Bay Port St Lucie, FL 34986

ARTICLE V INCORPORATOR

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

Dominick F. Sammarone
588 SW St Johns Bay
Port St. Lucie, FL 34986

Signature/Incorporator

Date

8/9/99

(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

Date

8/9/99

FILED
99 AUG 10 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA