

TRANSMITTAL LETTER

P99000078089

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

SUBJECT: COMET FINANCE, INC.
(Proposed corporate name - must include suffix)

000002972620--5
-08/27/99--01081--013
*****78.75 *****78.75

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: GRAHAM ELLEN
Name (Printed or typed)

52 S BEAL PKWAY
Address

FT WALTER BCK FL 32548
City, State & Zip

850 796 0617
Daytime Telephone number

99 AUG 27 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

K. Rolfe SEP 01 1999

9/1
Notified client
of correction
KC

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:

COMET FINANCE, INC.

ARTICLE II PRINCIPAL OFFICE

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

52 S BEAL PKWAY
FT WALTON BCH FL 32548

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

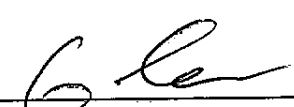
The name and Florida street address of the initial registered agent are:

GRAHAM ELDER
52 S BEAL PKWAY FT WALTON BCH FL 32548

ARTICLE V INCORPORATOR

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

GRAHAM ELDER
52 S BEAL PKWAY FT WALTON BCH FL 32548


Signature/Incorporator

8-25-99
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

8-25-99
Date

FILED
99 AUG 27 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA