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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
 Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
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DIVISION OF CORPORATIONS

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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FLORIDA PROFIT/NON PROFIT CORPORATION  
OneMain Financial, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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OCT - 7 PM 4:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/7/2010

**COVER LETTER**

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

**SUBJECT:** OneMain Financial, Inc.  
**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are 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:** Linda S. Davis  
Name (Printed or typed)

914 Rappaix Court  
Address

Towson, MD 21286  
City, State & Zip

1-443-622-5411  
Daytime Telephone number

LindaDavis60@verizon.net  
E-mail address: (to be used for future annual report notification)

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

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: OneMain Financial, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
914 Rappaix Court  
Towson, MD 21286

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
  
miscellaneous financial services

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Linda S. Davis, Director/President Name and Title: \_\_\_\_\_  
Address: 914 Rappaix Court Address: \_\_\_\_\_  
Towson, MD 21286 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: C T Corporation System  
Address: 1200 South Pine Island Road  
Plantation, Florida 33324

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Linda S. Davis  
Address: 914 Rappaix Court  
Towson, MD 21286

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*  
C T Corporation System

By: Katherine A. Whillock  
Required Signature/Registered Agent

10-7-10  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

[Signature]  
Required Signature/Incorporator

10-7-10  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA