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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Alyn Financial Services, 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

ADDITIONAL COPY REQUIRED

FROM: Alice Ann Leffler
Name (Printed or typed)

5870 Harborage Drive
Address

Ft. Myers, FL 33908
City, State & Zip

(239) 267-2489
5870 Harborage Drive Phone number

Alice@LefflerandAssociates.com
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 617, F.S., (Not for Profit)

ARTICLE I NAME

Alyn Financial Services, Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
5870 Harborage Drive
Ft. Myers, Florida 33908

Mailing address, if different is:

same

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2011 FEB 8 PM 4:41
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF LEON

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide escrow money to assist present homeowners to secure a new mortgage for their home. The escrow would be funded only in the event of a default. No speculation will be done by this corporation.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Appointed by Alice Ann Leffler

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alice Ann Leffler, President
Address: 5870 Harborage Drive
Ft. Myers, Florida 33908

Name and Title: _____
Address: _____

Name and Title: Lynn Marie LaFlamme, Secretary
Address: 24200 Mountain View Drive
Bonita Springs, Florida 34135

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Alice Ann Leffler
Address: 5870 Harborage Drive
Ft. Myers, FLorida 33908

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alice Ann Leffler
Address: 5870 Harborage Drive
Ft. Myers, Florida 33908

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

Alice A. Leffler

Required Signature of Registered Agent

2-3-11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Alice A. Leffler

Required Signature of Incorporator

2-3-11
Date