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COVER LETTER

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

SUBJECT: <u>CERTIFIED NATIONAL SIGNING SERVICES</u>, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an ori	ginal and one (1) copy of the arti	icles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM:	KATRINA PHII Name	LIPS (Printed or typed)	
	WINDER MER City (407) 694	Address	186

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

ARTICLES OF INCORPORATION In co. ipliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME The name of the corporation shall be: CERTIFIED NATIONAL SIGNING SERVICES, INC.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1905 PAMLYNNE PLACE WINDERMERE, FL 34786
The purpose for which the corporation is organized is: To perform mortgage Closings for title companies, lenders, and mortgage companies.
ARTICLE IV SHARES
The number of shares of stock is: 100. ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): KATRINA PHILLIPS 1905 Pam/ynne Place Windermere, FL 34786
ARTICLE VI REGISTERED AGENT
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: KATRINA PHILLIPS 1905 PAMLYNNE PLACE WINDERMELE, FL 34786
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
KATRINA PHILLIPS 190'S PAMLYINE PLACE WINDERMERE, FL 34786

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
Fatura Phillips 5/14/07
Signature/Registered Agent Date
Signature/Incorporator Date