

P99000092379

Requestor's Name  
KIM FRERICHS  
3613 DEL PRADO BLVD. SUITE 102  
CAPE CORAL, FL 33904

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

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- Will wait
- Certified Copy
- Photocopy
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NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Examiner's Initials | TS10/20/99



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

September 21, 1999

KIM FRERICHS  
3613 DEL PRADO BLVD., STE. 102  
CAPE CORAL, FL 33904

SUBJECT: GOLDCOAST MORTGAGE, INC.  
Ref. Number: W99000021735

We have received your document for GOLDCOAST MORTGAGE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.")

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6927.

Tracy Smith  
Document Specialist

Letter Number: 199A00046217

CHARTER  
OF  
CAPE CORAL MORTGAGE, INC.

The undersigned person, acting under the Florida Business Corporation Act, adopts the following charter for the above named corporation:

1. The name of the corporation is CAPE CORAL MORTGAGE, INC.
2. The address of the principle office of the corporation in the State of Florida shall be 3613 DEL PRADO BLVD. SUITE 102 , CAPE CORAL FL 33904, county of LEE, State of Florida.
3. The Corporation is for Profit.
4. The street address of its Registered Office in LEE County, Florida and the name of its Registered Agent at said office shall be:

KIM FRERICHS  
3613 DEL PRADO BLVD. SUITE 102  
CAPE CORAL, FL 33904

5. The name and address of the Incorporator is as follows:

KIM FRERICHS  
3613 DEL PRADO BLVD. SUITE 102  
CAPE CORAL, FL 33904

6. The Corporation is authorized to issue One Thousand (1000) shares of stock (Common, have a par value of \$1.00 per share). These shares together shall have unlimited voting rights and full and equal rights to share in the profits of the corporation and its net assets upon dissolution.

7. The Purpose for which the Corporation is organized is to be a Mortgage Broker Business Company.

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8. No Officer/Director (or his or her estate, heirs and personal representative) shall be held liable to the Corporation or its shareholders for any monetary damages for any breach of fiduciary duties as an Officer/Director of the Corporation. The liability of an Officer/Director (or his or her estate, heirs and personal representative) shall be further set aside or limited to the extent allowed by the laws of the State of Florida, including any hereafter amended or adopted laws.

9. If any Officers/Director places a claim or liability for services with the Corporation, the Corporation shall pay to each Officer/Director (or his or her estate, heirs and personal representative) to the extent allowed by the law of the State of Florida, including laws in effect and hereafter amended or adopted.

Dated this 18th day of October 1999.

A handwritten signature in black ink, appearing to read 'KIM FRERICHS', is written over a horizontal line. The signature is stylized and somewhat cursive.

KIM FRERICHS  
Incorporator

# RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Kim Frenchs do hereby certify  
(Name)

that this Resolution of the Board of Directors of CAPE CORAL MORTGAGE INC

(Corporate Name)

a corporation duly organized and existing under the laws of the State of FLORIDA

was duly adopted on October 18<sup>th</sup>, 1999.

Be it resolved, that CAPE CORAL MORTGAGE INC  
(Corporate Name)

organized and existing in the State of FLORIDA, hereby adopts the name

Mortgage Broker Business for use in Florida.

Dated: October 18<sup>th</sup> 1999

  
Signature of either Chairman, Vice Chairman or any officer

Kim Frenchs  
Type or print name

INHS19(4/96)

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