

NO 400000 9400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

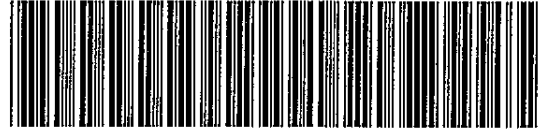
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*10/4/04*



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2004 OCT -1 P 12:13

FILED

**TRANSMITTAL LETTER**

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

SUBJECT: The Foreclosure Advisory Council, 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: Patti Harrison  
Name (Printed or typed)

PO Box 621514  
Address

Oviedo, FL 32762  
City, State & Zip

407-929-7360  
Day time Telephone number

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

**ARTICLES OF INCORPORATION**

In compliance with Chapter 617, F.S., (Not for Profit)

2004 OCT - 1 P 12: 13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

**ARTICLE I NAME**

The name of the corporation shall be: The Foreclosure Advisory Council, Inc.

**ARTICLE II PRINCIPLE OFFICE**

The principle place of business: 2201 Eugenia Court, Oviedo, FL 32762  
The mailing address of this corporation shall be: PO Box 621514, Oviedo, FL 32762

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To act as a third-party organization which will strive to provide personalized education for homeowners in default in order to help them determine their best options to prevent foreclosure then implement a strategy to ensure a strong financial future through ongoing counseling and educational services.

**ARTICLE IV MANNER OF ELECTION**

Directors will be appointed by Patti Harrison, corporation Chairman/President.

**ARTICLE V INITIAL OFFICERS**

<u>Name:</u>	<u>Address:</u>	<u>Specific Title:</u>
<u>Patti Harrison</u>	<u>PO Box 621514, Oviedo, FL 32762</u>	<u>Chairman/President</u>
<u>Amanda Hartley</u>	<u>PO Box 780293, Orlando, FL 32878</u>	<u>Vice Chairman</u>
<u>Keva Ambre</u>	<u>2212 S. Chickasaw #184, Orlando, FL 32825</u>	<u>Secretary/ Treasurer</u>

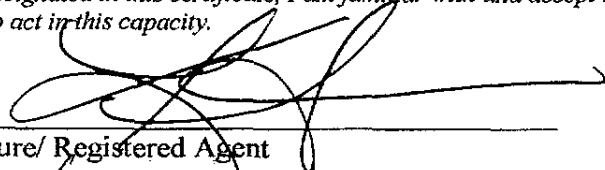
**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

Registered Agent: Keva Ambre - 2212 S. Chickasaw #184, Orlando, FL 32825

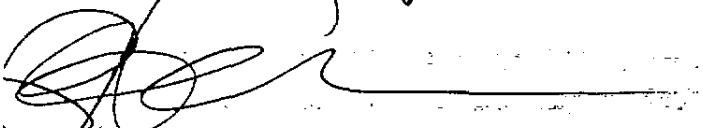
**ARTICLE VII INCORPORATOR**

Incorporator: Patti Harrison - PO Box 621514, Oviedo, FL 32762

.....  
*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.*

  
\_\_\_\_\_  
Signature/ Registered Agent

9.28.04  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/ Incorporator

9.28.04  
\_\_\_\_\_  
Date

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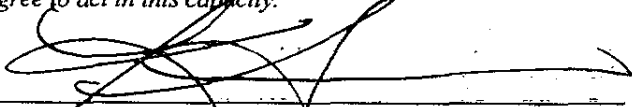
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