

N11000001366

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(Business Entity Name)

(Document Number)

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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**

The name of the corporation shall be: **Alyn Financial Services, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

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

Mailing address, if different is:

same

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STATE OF FLORIDA  
HONORABLE CLERK

**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:

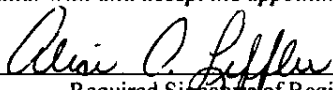
Name: Alice Ann Leffler  
Address: 5870 Harborage Drive  
Ft. Myers, FLorida 33908

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

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

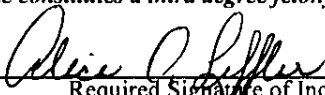
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



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.*



Required Signature of Incorporator

2-3-11  
Date