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	<u> </u>				
(Requestor's Name)					
(Ac	ldress)				
(Address)					
(Ci	ty/State/Zip/Phone	- (1)			
(Cil	ty/State/Zip/Phone	: #)			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(,	,			
(L)C	cument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				

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TO ACKNOWLEDGE SUFFICIENCY OF FILING

TAL OLL V LO GEPARINENT OF STATE LYNCION OF CORPORATION

12 PCT 17 PM 6: 01
SECRETARY OF STATE

COVER LETTER

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

SUBJECT: Mortgage Justice Institute, Inc.						
	(PROPOSED CORPORATE	ENAME – <u>MUST INCLU</u>	DE 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 CO	OPY REQUIRED			
	'					
FROM: Randall White						
Name (Printed or typed)						
6119 Mullin Street						
Jupiter, FL 33458 City, State & Zip						
561-743-6945 Daytime Telephone number						
randallewhite@me.com						

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

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION

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

ARTICLE I The name of the co	NAME Mortgage Justice Institution shall be:	te, Inc.	
ARTICLE II	PRINCIPAL OFFICE		
111111111111	Principal street address		Mailing address, if different is:
	2736 Raintree Circle		2910 Kerry Forest Parkway, D4-11
	Tallahassee, FL 32308		Tallahassee, FL 32309
ARTICLE III	<u>PURPOSE</u>		
The purpose for w	hich the corporation is organized is:		
	stice Institute is organized for the purpo ad to achieve remedy.	se of educ	ating and empowering victims of
ARTICLE IV	MANNER OF ELECTION The manner in w	hich the direct	ors are elected and appointed:
	elected and appointed by annual mee	_	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR		tic Randall White Director
Address:	6119 Mullin Street	Address:	6119 Mullin Street
	Jupiter, FL 33458		Jupiter, FL 33458
Name and Ti	itle: David Callihan, Vice-President & Treasurer	Name and Ti	ite: David Callihan, Director
Address:	2910 Kerry Forest Parkway, D4-11		2910 Kerry Forest Parkway, D4-11
	Tallahassee, FL 32309		Tallahassee. FL 32309
Name and Ti	itle: Hope Henley, Secretary	Name and Ti	te: Hone Henley, Director
Address:	6119 Mullin Street		6119 Mullin Street
	Jupiter, FL 33458	•	Jupiter, FL 33458
ARTICLE VI	REGISTERED AGENT		12
	rida street address (P.O. Box NOT acceptable) of	the registered a	gent is:
Name:	David Callihan	.	
Address:	2736 Raintree Circle	•	C/3 HALTOCOM
	Tallahassee, FL 32308		1
ARTICLE VII	INCORPORATOR		<u> </u>
	dress of the Incorporator is:		
Name:			
Address:	6119 Mullin Street	•	>>
	Jupiter, FL 33458	•	
		•	
Having been nam	ed as registered agent to accept service of proces	s for the abov	e stated corporation at the place designated in this
certificate, I am fa	miliar with and accept the appointment as registere	d agent and ag	gree to act in this capacity
/(10 (.01-		10/17/2012
	Required Signature of Registered Agent		Date
I submit this docu	ment and affirm that the facts stated herein are tru	ie. I am aware	that any false information submitted in a document
to the Department	of State constitutes a third degree felony as provide	d for in s.817.	155, F.S.
IK z	man III In huto		10/17/2012
	Required Signature of Incorporator		10/17/2012 Date
	- + 1 0 bolator		