POOR MITAL LITTE OO 26

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

\$70.00

□ \$78.75

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□ \$87.50

SUBJECT:	5:,8	sukor	Hone	Martgage e	Coro.
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Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status	
FROM:		ADDITIONAL CO	PY REQUIRED	
	~ 04/PD	rinted or typed) Colored typed) Address		•
	Tampa City,	State & Zip	LLAHASSE LLAHASSE	99 DEC 23
	Daytime Te	elephone number	E.C.	

\$78.75

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

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The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.
The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation. ARTICLE I NAME The name of the corporation shall be: The name of the corporation shall be:
Signature Home mortgage corp.
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:
Lange Fl 331,34
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are:
and a solid a solid states and solid

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Lowder to 33034 Loog rompriet et

Signature/Incornorator

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Date