

TRANSMITTAL LETTER

P00000020544

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

FILED  
00 FEB 22 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: NEW Millennium Mortgage Co  
(Proposed corporate name - must include suffix)

0000003134330-4  
-02/14/00-01085-002  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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 of Status  
**ADDITIONAL COPY REQUIRED**

FROM: F. TIMOTHY MARR  
Name (Printed or typed)

3120 SOUTHGATE CR  
Address

SARASOTA, FL 34239  
City, State & Zip

(941) 379-2448  
Daytime Telephone number

F. CHAMBER FEB 2 8 2000

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

~~4351~~  
Incp 594  
BOL 543-cc



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

February 17, 2000

F TIMOTHY MAPP  
3120 SOUTHGATE CIRCLE  
SARASOTA, FL 34239

SUBJECT: NEW MILLENNIUM MORTGAGE CO.  
Ref. Number: W00000004351

2/24

We have received your document for NEW MILLENNIUM MORTGAGE CO. and your check(s) totaling \$78.75. 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.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

**INCORPORATOR MUST SIGN.**

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) 487-6904.

Freida Chesser  
Corporate Specialist

Letter Number: 100A00008495

**Articles of Incorporation  
of  
New Millennium Mortgage Services co.**

THE UNDERSIGNED, in order to form a corporation for the purposes hereinafter stated, under and pursuant to the provisions of General Corporation Law of the State of Florida, hereby certifies as follows:

**ARTICLE I  
CORPORATE NAME**

The name of this corporation is New Millennium Mortgage Services co..

**ARTICLE II  
INITIAL OFFICE AND AGENT  
PRINCIPAL OFFICE**

The address of this Corporation's initial registered office and the name of its original registered agent at such address is:

F.Timothy Mapp 3120 Southgate Cr. Sara., FL 34239

**ARTICLE III  
PURPOSES**

The purpose of the Corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Laws of the State of Florida.

**ARTICLE IV  
STOCK**

The aggregate number of shares which this Corporation shall have authority to issue is 1,000 shares of \$1.00 par value stock.

**ARTICLE V  
CORPORATION BY-LAWS**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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The Board of Directors is authorized and empowered to make, alter, amend, and rescind the By-Laws of the corporation, but By-Laws made by the Board may be altered or repealed, and new By-Laws made, by the stockholders.

## **ARTICLE VI**

### **LIABILITY OF DIRECTORS**

Pursuant to the General Corporation Laws of the State of Florida, any and all directors of this Corporation shall not be liable to the Corporation, its shareholders, or any third party for breach of duty of care; such potential liability is hereby eliminated.

## **ARTICLE VII**

### **BOARD OF DIRECTORS**

The name and address of each person serving as a member of the initial Board of Directors are:

F. Timothy Mapp 3120 Southgate  
Cr. Sara., FL 34239

## **ARTICLE VIII**

### **INCORPORATORS**

The name and address of the incorporators are:

F. Timothy Mapp 3120 Southgate  
Cr. Sara., FL 34239

IN WITNESS WHEREOF, the incorporator(s) has hereunto set his hand this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_\_

INCORPORATOR(S):

F. Timothy Mapp  
Signature

\_\_\_\_\_  
Signature

STATE OF Florida

COUNTY OF Sarasota

On the 9th day of Feb., 2000, personally appeared before  
me F. TIMOTHY MAPP, the signer(s) of the within  
instrument, who duly acknowledged to me that they executed the same.

Calvin W. Ellis  
Notary Public

4136 WAKE AVE SAR. FL  
Residing at: 34241



Calvin W. Ellis  
MY COMMISSION # CC685638 EXPIRES  
October 6, 2001  
BONDED THRU TROY FAIN INSURANCE, INC.

My commission expires: \_\_\_\_\_

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

*Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the under-  
signed corporation, organized under the laws of the state of Florida, submits the following  
statement in designating the registered office/registered agent, in the state of Florida.*

1. The name of the corporation is: NEW MILLENNIUM MORTGAGE  
SERVICES Co.

2. The name and address of the registered agent and office is:

F. TIMOTHY MAPP  
(Name)

3120 SOUTHGATE CR.  
(P.O. Box NOT acceptable)

SARA, FL 34239  
(City/State/Zip)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*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 F. Timothy Mapp

DATE 2/20/00