

P0000023601

TRANSMITTAL LETTER

FILED

00 MAR -1 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT:

Absolute Lending Services, Inc.

(Proposed corporate name - must include suffix)

800003153848--3

-03/02/00--01007--006

*****87.50 *****87.50

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:

Harriet A. Dorado

Name (Printed or typed)

6925 Holly Road

Address

Miami Lakes, FL 33014

City, State & Zip

305-823-5697

Daytime Telephone number

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

P. 3/8/2000 ✓

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be: Absolute Lending Services, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 17100 Collins Avenue, #217
Sunny Isles Beach, Florida 33160

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Mortgage Lender

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es): Harriet A. Dorado, President 17100 Collins Ave., #217,
Cheryl L. Catania, Vice-President Sunny Isles Beach, Florida 33160
; Abraham Watnik, Secretary

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are: Harriet A. Dorado
6925 Holly Road, Miami Lakes, Fl. 33014

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are: Harriet A. Dorado
6925 Holly Road, Miami Lakes, Fl. 33014

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


Signature/Incorporator


Date