

P00000027118

M & M SERVICES, INC.

ERNEST MCMULLEN

P.O. BOX 10297
ST. PETERSBURG, FL. 33733
727-906-9870

727-906-4921 FAX

FILED

00 MAR 16 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. STATEWIDE FINANCIAL SERVICES OF TAMPA BAY, INC.
(Corporation Name) (Document #)

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2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name Ernest McMullen

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

AUTHORIZATION BY PHONE TO
CONTACT ADD RA acceptance

DATE

Examiner's Initials

**Articles of Incorporation
Of
STATEWIDE FINANCIAL SERVICES OF TAMPA BAY, INC.**

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TALLAHASSEE, FLORIDA

**I.
Name**

The name of the Corporation is STATEWIDE FINANCIAL SERVICES OF TAMPA BAY, INC., hereinafter referred to as the "Corporation."

**II.
Purposes**

The purpose of the Corporation is to transact any and all lawful business for which corporations may be incorporated under the laws of the State of Florida, as they may be amended from time to time.

**III.
Principal Office and Registered Agent**

The principal office of the Corporation, 25400 US HWY 19 N., STE 190, Clearwater, Florida 33763. The Corporation may maintain offices and/or transact business at other locations, either within or without the State of Florida. The name and address of the registered agent for service of process upon the Corporation is ERNEST MCMULLEN, 1434 62TH AVE SO, P.O. BOX 10297, ST. PETERSBURG, Florida 33733.

**IV.
Duration**

The duration of the Corporation shall be perpetual.

**V.
Initial Business**

The initial business of the Corporation shall be:
Correspondent Mortgage Lender and Financial Services

VI.
Capital Stock

The Corporation is authorized to issue only one class of shares of stock which shall be designated Common Stock. The total number of shares the Corporation shall have authority to issue is 10,000, each share to have a par value of \$ 1.00.

VII.
Incorporators

The names and mailing addresses of the incorporators are:

<u>Incorporator Name</u>	<u>Incorporator Address</u>
Evris Gregory	2752 Cypress Dr., Clearwater, FL 33763 -----Treasurer
Lisa Gregory	2752 Cypress Dr., Clearwater, FL 33763 -----President

VIII.
Directors

The number of directors constituting the initial Board of Directors of the Corporation is: 2. The name(s) and address(es) of the person(s) who is/are appointed to act as the initial director(s) of the Corporation is/are:

<u>Director Name</u>	<u>Director Address</u>
Evris Gregory	2752 Cypress Dr., Clearwater, FL 33763
Lisa Gregory	2752 Cypress Dr., Clearwater, FL 33763

IX.
No Personal Liability

The private property of the stockholders shall not be subject to the payment of corporate debts.

X.
Operating Provisions

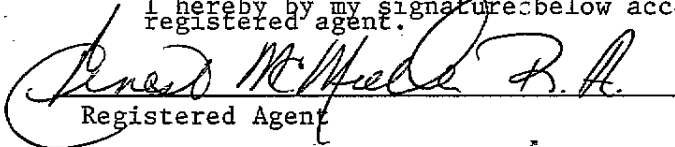
The provisions for the operation, regulations, and management of the business and internal affairs of the Corporation shall be as set forth in the Bylaws, which may be amended from time to time by a majority vote of a quorum of the Board of Directors.

XI.
Fiscal Year

The fiscal year of the Corporation shall be from __January__ to
__December__ of each year.

IN WITNESS WHEREOF, we have hereunto set our hands and seals on this, the 10
day of MARCH 2000.

I hereby by my signature below accept the duties and responsibilities as
registered agent.


Registered Agent

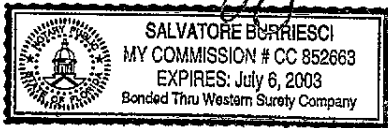
State of Florida _____

County of Pinellas _____

BEFORE ME, the undersigned authority, on this day personally appeared Evriss Gregory - FL DL G626-200-51-366-0 known to me to be the person described in, and whose name is subscribed to the foregoing document, who on oath stated to me that he/she executed the same for the purposes and consideration therein expressed.

SUBSCRIBED AND SWORN TO BEFORE ME this the 10 day of

March, 19 2000
X Curti Gregory



Salvatore Burriesci
Notary Public in and for the
State of Florida

My Commission Expires: 7/6/03

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00 MAR 16 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Florida _____

County of Pinellas _____

BEFORE ME, the undersigned authority, on this day personally appeared Lisa Gregory known to me to be the person described in, and whose name is subscribed to the foregoing document, who on oath stated to me that he/she executed the same for the purposes and consideration therein expressed.

SUBSCRIBED AND SWORN TO BEFORE ME this the 10 day of

March, 19 2000
X Lisa Gregory

FI DL Ltr G-626-586-67-5470

Barbara Jackson
Notary Public in and for the
State of Florida

My Commission Expires:

