

PO0000034714

OFFICE USE ONLY (Document #)

EXPRESS CORPORATE FILING SERVICE INC  
(Requestor's Name)

1000 PONCE DE LEON BLVD, STE:112  
(Address)

CORAL GABLES, FLORIDA 33134  
(City, State, Zip)

(305) 444-4994 (305) 444-4977  
(Phone#) (FAX#)

OFFICE USE ONLY

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

1. MORTGAGE SOLUTIONS CO.  
(Corporation Name) (Document #)
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	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
00 APR - 5 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
00 APR - 5 AM 10:08  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

600003196446--7  
-04/05/00--01016--019  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Examiner's Initials

T BROWN APR - 5 2000

MORTGAGE SOLUTIONS CO.

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

I DIEGO GARCES AM FILING A CORPORATION BY THE NAME OF MORTGAGE SOLUTIONS CO. AND UNDERSTAND THAT THERE IS A CORPORATION NAMED MORTGAGE SOLUTIONS OF SOUTH FLORIDA INC. FILED WITH THE FLORIDA DEPARTMENT OF STATE. I BELIEVE THAT THE NAME IS DIFFERENT AND THEREFORE WOULD LIKE THIS NAME TO BE GRANTED TO ME. IF YOU SHOULD HAVE ANY QUESTIONS REGARDING THIS LETTER PLEASE DON'T HESITATE TO CONTACT ME IN THE ADDRESS LISTED IN THE ARTICLES OF INCORPORATION. THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.



CORDIALLY  
DIEGO GARCES  
PRESIDENT

**ARTICLES OF INCORPORATION**  
**FOR**  
**MORTGAGE SOLUTIONS CO.**

**FILED**  
00 APR -5 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

MORTGAGE SOLUTIONS CO.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

1550 MADRUGA AVE. STE: 500  
CORAL GABLES, FL 33146

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have shall be:

SHARES: 100 @ \$1.00

**ARTICLE IV REGISTERED AGENT**


The name and Florida street address of the initial registered agent shall be:

DIEGO GARCES  
1550 MADRUGA AVE. STE: 500  
CORAL GABLES, FL 33146

**ARTICLE V INCORPORATOR**

The name(s) and address(es) of the incorporator(s) to these Articles of Incorporation are:

DIEGO GARCES  
1550 MADRUGA AVE. STE: 500  
CORAL GABLES, FL 33146

  
Signature of Incorporator

4/4/2000  
Date

ARTICLE VI DIRECTOR(S)/OFFICER(S)

The name(s) and address(es) of the director(s)/officer(s) to these Articles of Incorporation are:

DIEGO GARCES (P)  
1550 MADRUGA AVE. STE: 500  
CORAL GABLES, FL 33146

Having been named as registered and to accept service of process for the above started 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 of Registered Agent

4/4/2000  
Date

**FILED**  
00 APR -5 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA