00 APR 12 PM 1: 11

Department of State

Division of Corporations

P. O. Box 6327

Tallahassee, FL 32314

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SUBJECT:		age Place ate place ate and a must include suf	Inc.	_	
		61	00003206 -04/12/000 *****87.50	1065 1076003 *****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 ADDITIONAL CO			
FROM:	Trisha Name (Pr				
8210 Rio ala Mano Dr. Address					
Altamonte Springs, FL 32714 City, State & Zip					
907- 492-2662 Daytime Telephone number					

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

P.1-1/18/00/

ARTICLES OF INCORPORATION

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The undersigned incorporator, for the purpose of forming a corporation under the Florid Business Corporation Act, hereby adopts the following Articles of Incorporation.	и

FILED

00 APR 12 PM 1: 11

SECRETARY OF STATE TALLAHASSEE, FLORIDA

<u>ARTICLE</u> I NAME

The name of the corporation shall be:

The Mortgage Place, Inc.

ARTICLE II PRINCIPAL OFFICE

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

826 Rio ala Mano Dr. Altamonte Springs, FL 32714

SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

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

Trisha Lynn Hanson

826 Rio ala Mano Dr. Altamonte Springs, FL 32714 INCORPORATOR

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

Trisha Lynn Hanson 826 Rio ala Mano Dr. Altamonte Springs, FL 32714

(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

ignature/Registered Agent