

P000000039271

TRANSMITTAL LETTER

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

SUBJECT: FULL CIRCLE MORTGAGE INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

9000003209389--1
-04/14/00--01061--001
*****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: KATHRYN GRAY
Name (Printed or typed)
19419 VIA DEL MAR SUITE 308
Address
TAMPA, FL 33647
City, State & Zip
813-267-0045
Daytime Telephone number

FILED
00 APR 14 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CB
4-19-00
2

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

FULL CIRCLE MORTGAGE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

19419 VIA DEL MAR #308
TAMPA, FL 33647

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFIT MORTGAGE BROKER

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

DOUG EASTON
19419 VIA DEL MAR #308
TAMPA, FL 33647

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KATHRYN GRAY
19419 VIA DEL MAR #308
TAMPA, FL 33647

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent - DOUG EASTON

4-11-00
Date

Signature/Incorporator

4-11-00
Date

KATHRYN S. GRAY