

P00000064388

TRANSMITTAL LETTER

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

400003309954--6
-06/30/00--01050--007
*****87.50 *****87.50

SUBJECT: Mortgage Loan Processing Services Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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 & Certificate of Status	\$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Cara Lyn Do'
Name (Printed or typed)

19402 Via Del Mar #101
Address

Tampa FL 33647
City, State & Zip

813-994-3899
Daytime Telephone number

FILED
00 JUN 30 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

①

gxc 7/5

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: Mortgage Loan Processing Services Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 19402 Via Del Mar #101
Tampa FL 33647

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Processing Mortgage Loans for Mortgage Companies

ARTICLE IV SHARES

The number of shares of stock is: 100 @ \$1.00 per share

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es): Karen A. Krick - Accountant
3756 S Springbreeze Way
Homosassa FL 34448

ARTICLE VI REGISTERED AGENT

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

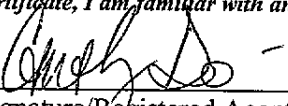
Cara Lyn Do'
19402 Via Del Mar #101
Tampa FL 33647

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Cara Lyn Do'
19402 Via Del Mar #101
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

05-20-00
Date


Signature/Incorporator

05-20-00
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JUN/30 AM 8:41

FILED