## TRANSMITTAL LETTER

## P00000112073

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

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|----------|------------------------|----------------------------|-----------------|
|          | MORTGOGEBANC           | CORP.                      |                 |
| SUBJECT: | MORTGOGEBADE C         | ,0RP.                      |                 |
|          | (PROPOSED CORPORATE NA | ME – <u>MUST INCLUDE S</u> | SUFFIX)         |
|          |                        |                            |                 |
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|          |                        |                            |                 |

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 \$2\$78.75 Filing Fee Filing Fee

& Certificate of Status

□ \$78.75
Filing Fee

□ \$87.50 Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

| FROM: MARIE LAJEUNESSE-ILAL Name (Printed or typed) | SEC<br>SEC            | 00       | — اسمن <u> </u> |
|---|-----------------------|----------|-----------------|
| 2035 W. DEERTROIL LN.                               | RETARY OF<br>AHASSEE, | 1- 330   | = T             |
| LECONTO, FL 34461 City, State & Zip                 | FLORIDA               | PH 3, 18 | <u> </u>        |
| 352- 795-4224  Daytime Telephone number             |                       |          |                 |

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



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 20, 2000

MARIE MAJEUNESSE-HALL 2035 WDEERTRAIL LN LECONTO, FL 34461

SUBJECT: MORTGAGEBANC CORP OF CONTROLL GLUNDLA

Ref. Number: W00000027493

We have received your document for MORTGAGEBANC CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable

Written approval and clearance of the terms BANK, BANKER, BANC, BANKING, TRUST COMPANY, BANCSHARES, SAVINGS & LOAN ASSOCIATION, SAVINGS BANK, or CREDIT UNION must be obtained from the Division of Banking and Finance, pursuant to section 655.922(2a), Florida Statutes. The address is:

Division of Banking Director's Office 101 E. Gaines St. Fletcher Bldg., 6th Floor. Tallahassee, FL 32399-0350 (850) 410-9111.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6926.

Gina Bullock



## OFFICE OF THE COMPTROLLER

DEPARTMENT OF BANKING AND FINANCE STATE OF FLORIDA TALLAHASSEE 32399-0350

November 29, 2000

Marie Lajeunesse-Hall 2035 West DeerTrail Lane Lecanto, Florida 34461

Dear Ms. Lajeunesse-Hall:

Re: "MortgageBanc Corp. of Central Florida"

Thank you for your recent letter/fax requesting approval for use of the above-referenced name.

It is the opinion of this Department that the above-referenced corporate name is definitive enough to differentiate the business being conducted from that of a commercial bank or trust company. Therefore, the Department does not object to your use of the above-referenced name being registered to conduct business in the state of Florida.

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Alex Hager Director

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cc: Karon Beyer, Chief, Bureau of Corporate Records Division of Corporations, Secretary of State's Office

William T. Sims, Division of Finance, Department of Banking and Finance

| 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:  ORTGOGEBANC CORP. OF CENTRAL FLORIDA  |
| ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  2035 W. DEERTROIL LM. LECANTO, FL  34461  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:   |
| ARTICLE IV SHARES The number of shares of stock is: 100   |
| ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)  The name(s) and address(es):  KIM R. HALL - PRESIDENT  MARIE LAJEUNESSE- HAII, VP (VICE PREDIDENT)   |
| ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:  ACCOUNTO, 9L 34461  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  MARIE LAJEUNESSE-HALL  2035 W. DEERTRAIL LW.  LECANTO, FL 34461 |
| **************************************  |
| Moril Jaiumesse - Idall Signature/Registered Agent  Date  |
| Marie Layeurese - Hall Signature/Incorporator  Date   |

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