

# P01000005828

Florida Department of State  
Division of Corporations  
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## FLORIDA PROFIT CORPORATION OR P.A.

### C T MORTGAGE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
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**ARTICLES OF INCORPORATION**

**OF**

**C T MORTGAGE, INC.**

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 this corporation shall be:

**C T MORTGAGE, INC.**

**ARTICLE II. PRINCIPAL OFFICE**

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

524 Altara Avenue

Coral Gables, FL 33146

**ARTICLE III. CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares.

**ARTICLE IV. INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

Carolyn S. Turner  
524 Altara Avenue  
Coral Gables, FL 33146

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ARTICLE V. INCORPORATION

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

NAME  
Carolyn S. Turner

ADDRESS  
524 Altara Avenue  
Coral Gables, FL 33146

ARTICLE VI. INITIAL OFFICERS

The names and addresses of the officers who are to conduct the business of this corporation until those elected at the first election are as follows:

PRESIDENT: CAROLYN S. TURNER      524 Altara Avenue  
Coral Gables, FL 33146

VICE PRESIDENT: N/A

SECRETARY: N/A

TREASURER: N/A

The undersigned has executed these Articles of Incorporation this 16th day of January, 2001.

Carolyn S. Turner  
CAROLYN S. TURNER

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CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned Corporation, organized under the laws of the State of Florida, submits the following statements in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: C T MORTGAGE, INC.
2. The name and address of the registered agent and office is:

CAROLYN S. TURNER

524 Altara Avenue

Coral Gables, FL 33146

SIGNATURE Carolyn S. Turner  
CAROLYN S. TURNER

TITLE: PRESIDENT

DATE: January 16th 2001

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 MY 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 Carolyn S. Turner  
CAROLYN S. TURNER

DATE: January 16th 2001

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STATE OF FLORIDA .

COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 16 day of January, 2001 by CAROLYN S. TURNER, who is personally known to me or who has produced \_\_\_\_\_ as identification.

*Sharon D. McCarr*  
Printed Name: SHARON D. McCARR  
Notary Public, State of Florida

My commission expires:



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