TRANSMITTAL LETTER

01 JUL -6 PH 12: 55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Department of State

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# FLORIDA DEPARTMENT OF STATE Sun laz or

Katherine Harris Secretary of State

June 5, 2001

VICTORIA A. NORAUSKY 550 N REO STREET #300 TAMPA, FL 33609

SUBJECT: CAPITAL FIRST MORTGAGE INC

Ref. Number: W01000012760

We have received your document for CAPITAL FIRST MORTGAGE INC and your check(s) totaling \$78.50. 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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

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) 487-6933.

Dale White Document Specialist New Filings Section

Letter Number: 201A00034223



# GAPITAL FIRST MORTGAGE

June 18, 2001

comp form for LLC 1789-00524-00671 1-5834

Florida Division of Corporations 409 East Gaines Street Tallahassee, FL 32314

To Whom It May Concern,

I am writing to you in regards to the confusion of the Names Capital First Mortgage, LLC and Capital First Mortgage, Inc. I own Capital First Mortgage, LLC and am trying to register the name Capital First Mortgage, Inc.

I, Victoria A. Norausky, will not revoke the dissolution of Capital First Mortgage, LLC. I wish to use the name Capital First Mortgage for a new company Capital First Mortgage, Inc. Please accept this name affidavit and allow Capital First Mortgage, Inc. to be registered by the State of Florida, Division of Corporations.

Thank you for your prompt attention.

Respectfully,

Victoria A. Norausky

President

BRENDA J. SHEPPARD COMMISSION # CC 682055 EXPIRES SEP 21, 2001

TLANTIC BONDING CO., INC

FF \$ 25.00

Ces 5.00

OP 13,75

#### ARTICLES OF INCORPORATION

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

## FILED

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SECRETARY OF STATE TALLAHASSEE FLORIDA

#### ARTICLE I - NAME

The name of the corporation shall be:

CHITAL FIRST MORTGAGE INC

#### ARTICLE II - PRINCIPAL OFFICE

The principal place of business/mailing address is:

550 NORTH RED STREET #300 TAMPA FL 33609

#### <u>ARTICLE III – PURPOSE</u>

The purpose for which the corporation is organized is: To transact any business that a corporation may engage in under the laws of the State of Florida.

#### ARTICLE IV - SHARES OF STOCK

The number of shares of stock is: 1000 @ \$1 PAR JALUE

### ARTICLE V - INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

VICTORIA A. NORAUSKY, P/S/T SSO NORTH RED STREET #300 TAMPA FL 33609

#### ARTICLE VI - REGISTERED AGENT

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

STEPHEN SIMBNE PR 6439 CEDTRAL AUGNUE ST PETERSBULG PL 33710-8411 RTICLE VII - INCORPORATOR

The name and address of the Incorporator is:

UKTORIA A. NORAUSKY
550 NORTH RED STREET #300
TAMPA FL 33609

Water & Masky 5-23-01

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida submits the following statement in designating the Registered Office/Registered Agent, in the State of Florida.

1. The name of the Corporation is:

CAPITAL FIRST MORTELSE INC

2. The name and address of the registered agent and office is:

STEPHEN SIMBLE PA 6439 CENTRAL ADGNUE ST PETERSBURG FL 33710-8411

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.

Signature: Sts L Smare

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SECRETARY OF STATE AND A TAIL AHASSEE FLORIDA