

TRANSMITTAL LETTER

PO1000094861

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

SUBJECT: TROPICAL MORTGAGE OF SOUTH FLORIDA INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

300004597313--5  
-09/18/01--01068--015  
\*\*\*\*\*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: JEAN FRANTZ AUGUSTE  
Name (Printed or typed)

430 NORTH FEDERAL HWY  
Address

BOYNTON BEACH FLORIDA 33435  
City, State & Zip

561-498-3461 / 561-859-7785  
Daytime Telephone number

FILED  
SEP 28 AM 11:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. SEP 28 2001

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

W01-21810  
TS

3



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

September 20, 2001

JEAN FRANTZ AUGUSTE  
430 N FEDERAL HWY  
BOYNTON BEACH, FL 33435

SUBJECT: TROPICAL MORTGAGE OF SOUTH FLORIDA INC  
Ref. Number: W01000021810

We have received your document for TROPICAL MORTGAGE OF SOUTH FLORIDA INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

Please give the address for the incorporator.

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) 245-6927.

Tracy Smith  
Document Specialist  
New Filing Section

Letter Number: 301A00052637

# 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:

TROPICAL MORTGAGE OF SOUTH FLORIDA INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address is:

430 NORTH FEDERAL HWY  
BOYNTON BEACH FLA 33435

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Mortgage broker  
To provide loans for clients

## ARTICLE IV SHARES

The number of shares of stock is:

1

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE VI REGISTERED AGENT

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

JEAN FRANTZ AUGUSTE  
4620B N.W. 3RD CT  
DELRAY BEACH FLA 33445

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JEAN FRANTZ AUGUSTE  
4620B N.W. 3RD CT  
DELRAY BEACH FLA 33445

\*\*\*\*\*  
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

Jean Frantz Auguste  
Signature/Registered Agent

9-14-01  
Date

Jean Frantz Auguste  
Signature/Incorporator

9-14-01  
Date