

TRANSMITTAL LETTER

901000107625

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

FILED  
01 NOV -7 AM 9:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800004660318  
-10/31/01-01021-005  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT:

TOTAL CARE MORTGAGE INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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:

RONALD J. WRIGHT

Name (Printed or typed)

6640 LENCZYK DRIVE

Address

JACKSONVILLE, FL. 32277

City, State & Zip

(904) 744-8875

Daytime Telephone number

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

89,2551,2557,2142550  
W01-25242



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

November 1, 2001

RONALD J. WRIGHT  
6640 LENCZYK DRIVE  
JACKSONVILLE, FL 32277

SUBJECT: TOTAL CARE MORTGAGE INC.  
Ref. Number: W01000025242

We have received your document for TOTAL CARE MORTGAGE 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):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.")

The registered agent must sign accepting the designation.

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) 245-6972.

Doris Brown  
Document Specialist  
New Filings Section

Letter Number: 001A00059735

# 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:

TOTAL CARE MORTGAGE, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6640 Lenczyk Drive  
JACKSONVILLE, FL. 32277

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Mortgage Broker and Assist  
the Public With Financing.

## ARTICLE IV SHARES

The number of shares of stock is:

50

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

RONALD J. WRIGHT : Owner/President  
6640 Lenczyk Drive  
JACKSONVILLE, FL. 32277

Sharon Wright : Secretary/  
6640 Lenczyk Drive  
JACKSONVILLE, FL. 32277  
Treasure

## ARTICLE VI REGISTERED AGENT

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

RONALD J. WRIGHT  
6640 Lenczyk Drive  
JACKSONVILLE, FL. 32277

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

RONALD J. WRIGHT  
6640 Lenczyk Drive  
JACKSONVILLE, FL. 32277

\*\*\*\*\*

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

Ronald J. Wright  
Signature/Registered Agent

11-06-01  
Date

Ronald J. Wright  
Signature/Incorporator

11-06-01  
Date