

Division of Corporations

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Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : COMPLIANCE CONSULTING CORPORATION OF FLORIDA
Account Number : I20010000135
Phone : (561) 586-3645
Fax Number : (561) 586-6335

FLORIDA PROFIT CORPORATION OR P.A.

Four Seasons Mortgage Associates Inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

FILED
02 JAN 15 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

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 the corporation shall be:

Four Seasons Mortgage Associates, Inc.

ARTICLE II PRINCIPLE OFFICE

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

3850 Galt Ocean Dr., #303
Ft. Lauderdale, FL 33308

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Victoria E. Fournier
3850 Galt Ocean Dr., #303
Ft. Lauderdale, FL 33308

ARTICLE V INITIAL DIRECTORS NAMES AND ADDRESSES

Victoria E. Fournier
3850 Galt Ocean Dr., #303
Ft. Lauderdale, FL 33308

ARTICLE IV INCORPORATOR

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

Victoria E. Fournier
3850 Galt Ocean Dr., #303
Ft. Lauderdale, FL 33308

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Signature/Incorporator

1/14/02
Date

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/Registered Agent

1/16/02
Date