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TRANSMITTAL LETTER

FILED

02 JAN 18 AM 8:57

SECRET STATE  
TALLAHASSEE, FLORIDA

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

900004755549--6  
-01/07/02--01050--018  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT:

A.I.M.S., Inc.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$78.75  
Filing Fee & Certificate

FROM:

A.I.M.S., Inc.  
4573 Dolphin Dr.  
Lake Worth, Fl. 33463  
(407) 641-1917

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

cf



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

January 10, 2002

A.I.M.S., INC.  
4573 DOLPHIN DR  
LAKE WORTH, FL 33463

SUBJECT: A.I.M.S., INC.  
Ref. Number: W02000000887

We have received your document for A.I.M.S., INC. and your check(s) totaling \$78.75. 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 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) 245-6925.

Cynthia Blalock  
Document Specialist  
New Filing Section

Letter Number: 402A00001507

# ARTICLES OF INCORPORATION

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02 JAN 18 AM 8:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*The undersigned, acting as incorporator(s) for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation:*

## ARTICLE I NAME

ASSET INSURANCE & MORTGAGE SERVICES, INC

## ARTICLE II PRINCIPAL OFFICE

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

4573 Dolphin Dr.  
Lake Worth, FL 33463

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorised to have outstanding at any one time is: one thousand (1,000)

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

C.E. OAKLEY III  
4573 Dolphin Dr.  
Lake Worth, FL 33463

**ARTICLE V      INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

C.E. OAKLEY III  
4573 Dolphin Dr.  
Lake Worth, FL. 33463

The undersigned incorporator(s) has (have) executed these Articles of incorporation this  
3<sup>rd</sup> day of January, 2002.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Articles of Incorporation  
Filing Fee - \$35**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

FILED  
02 JAN 18 AM 8:  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANISED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

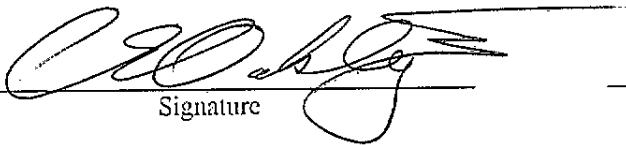
1. The name of the corporation is:

ASSET INSURANCE & MORTGAGE SERVICES, INC.

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

C.E. OAKLEY III  
4573 Dolphin Dr.  
Lake Worth, FL 33463

*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

\_\_\_\_\_  
Signature