

TRANSMITTAL LETTER

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

**P02000011651**

SUBJECT: Mortgage Stop 1 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: Kelryn C. Walker  
Name (Printed or typed)

P.O. Box 441952  
Address

Jacksonville, FL 32222  
City, State & Zip

(904) 349-7994  
Daytime Telephone number

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

02 JAN 28 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

000004830340--8  
-01/28/02--01046--006  
\*\*\*\*157.50 \*\*\*\*\*78.75

# 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:

Mortgage Stop1 Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 441952, Jacksonville, FL. 32222

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To broker, transfer, purchase, acquire, execute, sell, and assign mortgage loans.

## ARTICLE IV SHARES

The number of shares of stock is:

•1,000. Shares of \$1.00 par value Common Stock

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Kelvyn C. Walker

P.O. Box 441952

Jacksonville, FL. 32222

## ARTICLE VI REGISTERED AGENT

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

Kelvyn C. Walker

7194 Eagles Perch Dr.

Jacksonville, FL. 32244

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

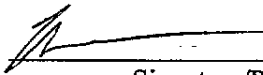
Kelvyn C. Walker

7194 Eagles Perch Dr.

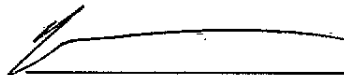
Jacksonville, FL. 32244

\*\*\*\*\*

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

  
\_\_\_\_\_  
Signature/Registered Agent

1/24/02  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

1/24/02  
\_\_\_\_\_  
Date

02 JAN 28 AM 6:59  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED