

P020000015201

TRANSMITTAL LETTER

FILED

02 FEB -8 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SUBJECT: TRANSATLANTIC MTG BANKERS, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: VICTOR RIVERA  
Name (Printed or typed)

2699 COLLINS AVE. SUITE 106  
Address

MIAMI BEACH FL 33140  
City, State & Zip

305-534-7777  
Daytime Telephone number

600004789636--4  
-01/22/02--01114--013  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

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

CB 2-11  
W022329



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

January 28, 2002

VICTOR RIVERA  
2699 COLLINS AVE STE 106  
MIAMI BCH, FL 33140

SUBJECT: TRANSATLANTIC MTG BANKERS, INC.  
Ref. Number: W02000002329

We have received your document for TRANSATLANTIC MTG BANKERS, 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 sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Written approval and clearance of the terms BANK, BANKER, BANKING, TRUST COMPANY, BANCSHARES, SAVINGS & LOAN ASSOCIATION, SAVINGS BANK, or CREDIT UNION or words of similar import, must be obtained from the Division of Banking, pursuant to section 655.922(2a), Florida Statutes.

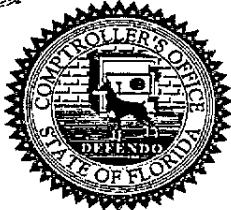
Enclosed is a "Name Approval Request" form to be filled out and sent to the address indicated on the form. If the proposed name is approved by the Division of Banking, resubmit the document and approval letter to the Division of Corporations for filing.

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: 502A00004687



ROBERT F. MILLIGAN  
COMPTROLLER OF FLORIDA

**OFFICE OF THE COMPTROLLER**  
DEPARTMENT OF BANKING AND FINANCE  
**STATE OF FLORIDA**  
TALLAHASSEE  
32399-0350

**FILED**  
02 FEB -8 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

February 5, 2002

Mr. Victor Rivera  
Transatlantic Realty, Inc.  
2699 Collins Avenue, Suite 106  
Miami Beach, Florida 33140

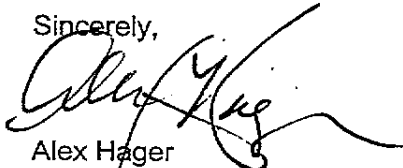
Dear Mr. Rivera:

Re: Transatlantic Mortgage Bankers, Inc.

Thank you for your recent letter/fax requesting approval for use of the above-referenced name.

It is the opinion of this Department that the above-referenced corporate name is definitive enough to differentiate the business being conducted from that of a commercial bank or trust company. Therefore, the Department does not object to your use of the above-referenced name being registered to conduct business in the state of Florida.

Sincerely,



Alex Hager  
Director

AH:kr

cc: Karon Beyer, Chief, Bureau of Corporate Records  
Division of Corporations, Secretary of State's Office

William T. Sims, Division of Finance and Securities  
Department of Banking and Finance

# 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:

TRANSATLANTIC MTG. BANKERS, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2699 COLLINS AVE SUITE 106  
MIAMI BEACH FL 33140

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MORTGAGE LOANS

## ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

PRESIDENT: VICTOR RIVERA ADDRESS SAME AS ABOVE  
SECRETARY: VICTOR RIVERA " " " "  
TREASURER: VICTOR RIVERA " " " "

## ARTICLE VI REGISTERED AGENT

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

VICTOR RIVERA  
2699 COLLINS AVE SUITE 106  
MIAMI BEACH FL 33140

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

VICTOR RIVERA  
2699 COLLINS AVE SUITE 106  
MIAMI BEACH FL 33140

\*\*\*\*\*  
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

Victor Rivera  
Signature/Registered Agent

1/31/02  
Date

Victor Rivera  
Signature/Incorporator

1/31/02  
Date

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