P03000026334

(Re	equestor's Name)		
(Ac	ldress)		
(Ac	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Ви	ısiness Entity Nan	ne)	
(Do	ocument Number)		
Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:		

Office Use Only



800012559778

02/17/03--01074--010 **78.50

02/17/03--01074--011 **0.25

FILED

03 MAR -5 AM 9: 08

SECONDARY STATE

CB 3-6-3

TRANSMITTAL LETTER

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

	-				
Enclosed are an orig	inal and one (1) copy of the artic	cles 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: Shavonda Campbell Name (Printed or typed)					
6184 Rateigh St. # 183					
Address					
Orlando, Fl 37835 Clty, State & Zip					
407-468-7215					
Daytime Telephone number					

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



FLORIDA DEPARTMENT OF STATE Ken Detzner Secretary of State

February 19, 2003

SHAVONDA CAMBELL 6184 RALRALEIGH ST #103 ORLANDO, FL 32835

SUBJECT: MORTGAGE RESOURCES OF FLORIDA, INC.

Ref. Number: W03000004925

We have received your document for MORTGAGE RESOURCES OF FLORIDA, 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):

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address 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: 703A00011023

Articles of Incorporation

FILED

03 MAR -5 AM 9: 08

SECRETAINED STATE
TALLAHASSEE, FLORIDA

Article I Name

The name of the corporation should be: The Mortgage Funding Source, Inc.

Article II Principal Office

The principal place of business/ mailing address is:

6184 Raleigh Street #103 Orlando, FL 32835

Article III Purpose

The purpose for which the corporation is organized is:

Mortgage Brokering Services

Article IV Shares

The number of shares of stock is:

1000 shares

Article V Initial Officers / Directors

The name, address, and title are:

Shavonda Campbell, 6184 Raleigh Street #103 Orlando, FL 32835 Vice President

Article VI Registered Agent

The name and Florida address of the registered agent is:

Shavonda Campbell 6184 Raleigh Street #103 Orlando, FL 32835

Article VII Incorporator

The name and address of the incorporator;

Shavonda Campbell 6184 Raleigh Street #103 Orlando, FL 32835

Having been named as registered agent to accept service of process for the above stated corporation as the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.