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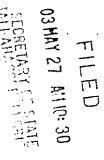
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PICK-UP WAIT MAIL				
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(Document Number)				
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# TRANSMITTAL LETTER

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

SUBJECT:	TOPLINE MOY'	Vage Lo 2 V	SUFFIX)	
Enclosed is an origin	nal and one(1) copy of the article	es of incorporation and a	check for:	_
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:  Jack R Lockwood Sx  Name (Printed or typed)				
532 Grand Parke Dr				
	Jacksonville City, S		259	, k

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

Daytime Telephone number

# 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: TOPLINE MOTT & 2 BE LOENS INC

### ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:

522 Grand Parke Dr JECKSONVIlle I-L 32259

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

OFFERING MOSTGAGE FINANCING AND ANY OTHER PURPOSE

### ARTICLE IV SHARES

The number of shares of stock is:

100

# ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Jack R LOCKWOOD ST, Presiden 532 Grand Parke Dr Jacksonville, FL 32259

### ARTICLE VI REGISTERED AGENT

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

Jack R Lockwood SY 532 Grand parke DY Jackson , Ile, FL 32259

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jack R Lockwood SY 532 Grand Parke DY Jacksonville FL 32239

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

ature/Registered Agent