P03000110850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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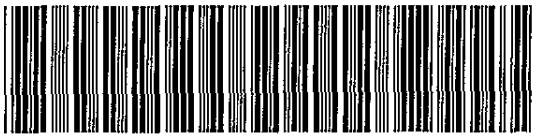

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SECRETARY OF STATE
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JF 10/8/03

TRANSMITTAL LETTER

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2003 OCT -6 AM 11:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

SUBJECT: PRIME MORTGAGE SOLUTIONS 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: DONNA SARDEGNA
Name (Printed or typed)

4108 N LINCOLN AVENUE
Address

TAMPA, FL 33607
City, State & Zip

813-391-7695
Daytime Telephone number

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

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:

PRIME MORTGAGE SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4108 N. LINCOLN AVENUE
TAMPA, FL 33607

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MORTGAGE BROKER BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 4,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

DONNA L. SARDEGNA, President 5504 Lake Leta Blvd Tampa, FL 33624
JOSEPH J. ZAMBITO, Vice President 9835 ANGUS DR, TAMPA, FL 33625
KALA MURPHY, TREASURER 5807 HERONVIEW CRESCENT DR LITHIA, FL 33547
TAMARA LABARBARA VP PO BOX 107 LAND O'LAKES, FL ~~34688~~ 34639

ARTICLE VI REGISTERED AGENT

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

DONNA L. SARDEGNA 5504 LAKE LETA BLVD
TAMPA, FL 33624

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

DONNA L. SARDEGNA 5504 Lake Leta Blvd
Tampa, FL 33624

****

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

Donna L Sardegna
Signature/Registered Agent

10/1/03
Date

Donna L Sardegna
Signature/Incorporator

10/1/03
Date