## P0300011830

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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Valdo.

## TRANSMITTAL LETTER

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

SUBJECT:	TOTAL LENDING CENTER	R, INC.	
	(PROPOSED CORPORA	YTE NAME – <u>MUST INCL</u>	UDESUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00	\$78.75	\$78.75	፟፟፟ \$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	·
FROM:	Peggy S. Neill		<u> </u>
	Name	(Printed or typed)	
	10204 Siena Oaks C		<del></del> .
		Address	
	Palm Beach Gardens	, FL 33410	<b>₹</b>
	City,	, State & Zip	
	F.61 700 2040	-	

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

Daytime Telephone number

ARTICLE I NAME	ED
The name of the corporation shall be:	03 OCT -6 AM 9: 03
TOTAL LENDING CENTER, INC.	Stephenson
,	TALLAHASSEE, FLORIDA
The principal place of business/mailing address is:	
10204 Siena Oaks Circle S. = Palm Beach Gardens, FL 33410	•
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
1) To provide mortgage and lend profit.	ing services to the public for a
2) To provide all other legal-a  ARTICLE IV SHARES business corpor	ctivities permitted to general and ations.
The number of shares of stock is: 30,000 Shares of	Common Stock - \$1.00 Par Value
ARTICLE V INITIAL OFFICERS AND/OR DIR	ECTORS
List name(s), address(es) and specific title(s):	
Peggy S. Neill James L. Neill	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered ager	it is:
Peggy S. Neill 10204 Siena Oaks Circle S.	
Palm Beach Gardens, FL 33410	
ARTICLE VII INCORPORATOR	<del>-</del>
The <u>name and address</u> of the Incorporator is:	-
The <u>name and address</u> of the Incorporator is:  Peggy S. Neill	- - - -
The <u>name and address</u> of the Incorporator is:  Peggy S. Neill 10204 Siena Oaks Circle S.	
The <u>name and address</u> of the Incorporator is:  Peggy S. Neill	**********

Signature/Registered Agent

Date

10-1-03

Date

10-1-03

Date

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity