

PO3000144279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

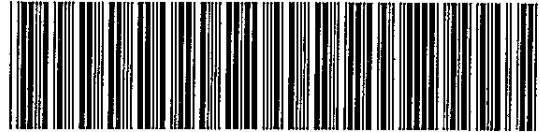
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SUBJECT: Deidre M Strain, PA

Enclosed please find an original and one (1) copy of the articles of incorporation and a check in the amount of \$78.75.

FROM: Amy H. Taylor, CPA, PA  
1415 Panther Lane, Ste 249  
Naples, FL 34109  
(239) 261-1040

## **ARTICLES OF INCORPORATION**

**The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:**

### **ARTICLE I - NAME**

**The name of the corporation shall be:**

**Deidre M Strain, PA**

### **ARTICLE II - PURPOSE**

**The purpose of the corporation shall be:**

**The provision of Mortgage Loan Brokerage services.**

### **ARTICLE III - PRINCIPAL OFFICE**

**The principal place of business and mailing address of this corporation shall be:**

**6265 Wilshire Pines Circle, #1103  
Naples, FL 34109**

### **ARTICLE IV - SHARES**

**The number of shares of stock that this corporation is authorized to have outstanding at any one time is:**

**1000 shares**

### **ARTICLE V - INITIAL REGISTERED AGENT AND STREET ADDRESS**

**The name and address of the initial registered agent is:**

**Deidre M Strain  
6265 Wilshire Pines Circle, #1103  
Naples, FL 34109**


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TALLAHASSEE, FLORIDA**

**ARTICLE VI - INCORPORATOR**

**The name and street address of the incorporator to these Articles of Incorporation is:**

**Deidre M Strain  
6265 Wilshire Pines Circle, #1103  
Naples, FL 34109**

**The undersigned incorporator has executed these Articles of Incorporation this**  
November day of 24<sup>th</sup>, 20 03.

  
Signature

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT / REGISTERED OFFICE**


**PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.**

**1. The name of the corporation is:** Deidre M Strain, PA

**2. The name and address of the registered agent and office is:**

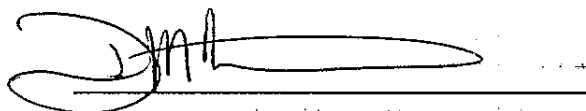
Deidre M Strain  
6265 Wilshire Pines Circle, #1103  
Naples, FL 34109

**3. Authorized by:**

  
President  
November 20, 2003

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

 11/24/03