

P04000000663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

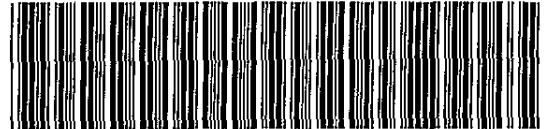
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Tim Deleapaz GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT ART VII  
DATE 11/5/04  
DOC. EXAM TT4

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12/19/03--01064--018 \*\*78.75.

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

03 DEC 19 AM 9:57

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## TRANSMITTAL LETTER

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

SUBJECT: The Mortgage Company of Jacksonville, 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: Alan Boss  
Name (Printed or typed)

9951 Atlantic Blvd  
Address

Jacksonville FL 32225  
City, State & Zip

904-727-9951  
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:

The Mortgage Company of Jacksonville, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: 9951 Atlantic Blvd suite 244  
Jacksonville, FL 32225

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Mortgage Origination

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000 @ 1.00 /share

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Tim Delapaz - President  
Alan Ross - Vice President

**ARTICLE VI REGISTERED AGENT**

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

Alan Ross 2918 St. Tropez court, Ponte Vedra, FL 32082

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Tim Delapaz 9951 Atlantic Blvd  
Jacksonville, FL 32225

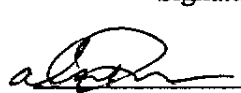
Alan Ross 2918 St Tropez Court, Ponte Vedra FL 32082

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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

  
\_\_\_\_\_  
Signature/Registered Agent

12-01-03  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

12-01-03  
\_\_\_\_\_  
Date

FILED  
03 DEC 19 AM 9:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA