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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

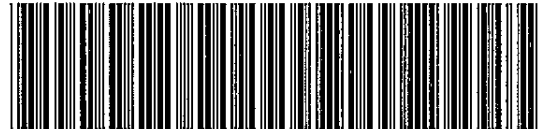
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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04 MAR 11 PM 1:44  
STATE  
TALLAHASSEE, FLORIDA

2580

## TRANSMITTAL LETTER

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

*Florida Diversified Mortgage, Inc.*  
SUBJECT: *Diversified Mortgages of Florida, 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:

*Robert P. McElip*

Name (Printed or typed)

*PO Box 6663*

Address

*Ocala Florida 34478*

City, State & Zip

*352 817 9955*

Daytime Telephone number

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

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04 MAR 11 PM 11:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# 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:

~~Diversified Mortgages of Florida, Inc.~~  
Florida Diversified Mortgage, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3928 SE 58 Ave Ocala, FL 34480

Mail: PO Box 6663 Ocala, FL 34478

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Mortgage Broker

## ARTICLE IV SHARES

The number of shares of stock is:

1000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Dana Danek President 4366 Middlebrook Rd.  
Orlando, FL 32811  
Robert P. McElip Vice President PO Box 6663  
Ocala, FL 34478

## ARTICLE VI REGISTERED AGENT

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

Robert P. McElip  
3928 SE 58 Ave Ocala, FL 34480

## ARTICLE VII INCORPORATOR

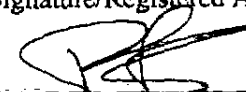
The name and address of the Incorporator is:

Robert P. McElip  
P.O. Box 6663 Ocala, FL 34478

\*\*\*\*\*  
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

3/8/2004  
Date

  
Signature/Incorporator

3/8/2004  
Date