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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

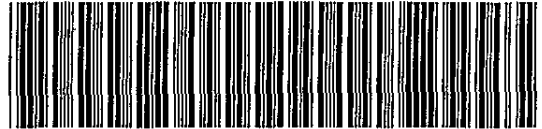
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓

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TRANSMITTAL LETTER

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

SUBJECT: PRIME MORTGAGE GROUP, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Dale C. Dinger
Name (Printed or typed)

4424 Kariba Lake Terrace
Address

Sarasota, FL 34243
City, State & Zip

(941) 228-2267
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 Group, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Prime Mortgage Group, Inc.
4424 Kariba Lake Terrace
Sarasota, FL 34243

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide to the public a full-service mortgage brokerage firm.

ARTICLE IV SHARES

The number of shares of stock is:

50 (Fifty)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Dale C. Dinger 4424 Kariba Lake Terrace Sarasota, FL 34243 President/CEO

ARTICLE VI REGISTERED AGENT

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

Dale C. Dinger 4424 Kariba Lake Terrace Sarasota, FL 34243

ARTICLE VII INCORPORATOR

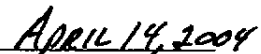
The name and address of the Incorporator is:

Dale C. Dinger 4424 Kariba Lake Terrace Sarasota, FL 34243

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



Date



Signature/Incorporator



Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA