

PO400008559C

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

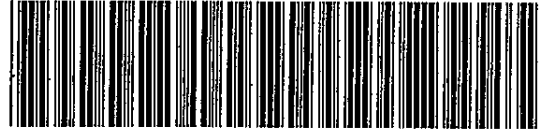
(Business Entity Name)

(Document Number)

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05/19/04--01027--008 \*\*78.75

FILED  
04 JUN - 1 PM 1:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06/10/04  
TS  
06/10/04  
06/10/04

## TRANSMITTAL LETTER

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

SUBJECT: Mortgage Complete 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: Z. Vernon Hall

Name (Printed or typed)

8264 Arab Lane

Address

Spring Hill, Florida. 34608

City, State & Zip

352-238-1898

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 20, 2004

Z VERNON HALL  
8264 ARAB LN  
SPRING HILL, FL 34608

SUBJECT: MORTGAGE COMPLETE INC.  
Ref. Number: W04000019585

We have received your document for MORTGAGE COMPLETE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please give the florida street address for the registered agent. Also the incorporator needs to sign at the bottom.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith  
Document Specialist  
New Filings Section

Letter Number: 604A00035695

RECEIVED  
04 MAY 27 PM 12:09  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
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:

Mortgage Complete Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8264 Arab Lane, Spring Hill, Florida. 34608

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Mortgage Brokerage Business

### 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):

Z. Vernon Hall, President

### ARTICLE VI REGISTERED AGENT

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

Z. Vernon Hall  
8264 Arab Lane  
Spring Hill, Fl. 34608

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Z. Vernon Hall  
8264 Arab Lane  
Spring Hill, Florida. 34608

\*\*\*\*\*

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

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

05/01/2004

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

FILED  
04 JUN - 1 PM 1:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA