P04000101593

| (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: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



800035768348

05/10/04--01059--020 **87.50

FILED

04 JUL 9 PH 3: 36

TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

| SUBJECT: 1.B.S. M | lortage Corporation (PROPOSED CORPORA | TE NAME – <u>MUSTINCL</u> | UDESUJEX) |
|----------------------|---------------------------------------|----------------------------|------------------|
| Enclosed are an orig | inal and one (1) copy of the art | icles of incorporation and | a check for: |
| \$70,00 | □ \$78,75 | \$78,75 | \$87.50 |
| Filing Fee | Filing Fee | Filing Fee | Filing Fee, |
| rung ræ | & Certificate of Status | & Certified Copy | Certified Copy |
| | oc Continuate of Status | de coramos copy | & Certificate of |
| | | | Status |
| | ADDITIONAL COPY REQUIRE | | PY REQUIRED |
| FROM: Ma | arie Carrasquillo | | |
| | Name | (Printed or typed) | |
| | 16505 Diamond Pl, | | |
| • | | Address | |
| | Weton, Florida 33331 | | |
| • | | , State & Zip | |
| | (954) 349-1155 | | |
| • | · | l'elephone number | |

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 12, 2004

MARIA CARRASQUILLO 16505 DIAMOND PL WESTON, FL 33331

SUBJECT: NEW HORIZON MORTGAGE CORPORATION

Ref. Number: W04000018306

We have received your document for NEW HORIZON MORTGAGE CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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: 204A00033146

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:

I.B.S. Mortage Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 16505 Diamond Pl. Weston FL 33331

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To operate as a correspondent lender.

ARTICLE IV SHARES

The number of shares of stock is:

0

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Marie Carrasquillo 16505 Diamond Pl. Weston FL 33331 Principal Rep.

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Marie Carrasquillo 16505 Diamond Pl. Weston FL 33331

STUBETARY OF STATE ALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Marie Carrasquillo 16505 Diamond Pl. Weston FL 33331

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

Date 2

Date

דוובו