

P04000109713

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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07-12/04--01046--016 \*\*78.75

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12/13/04  
12/13/04  
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W. M. H. 2000

11/17/04

## TRANSMITTAL LETTER

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

SUBJECT: CARIBE MORTGAGE, CORP.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

**Additional Copy Required**

FROM: Alejandro (Alex) Lamour  
Name (printed or typed)

P. O. Box 593462  
Address

Orlando, Florida 32859-3462  
City, State & Zip

407-273-5972  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 15, 2004

ALEJANDRO(ALEX) LAMOUR  
P O BOX 593462  
ORLANDO, FL 32859-3462

SUBJECT: CARIBE MORTGAGE CORP.  
Ref. Number: W04000027094

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

The document must state the number of shares of authorized stock.

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) 245-6855.

Tammy Hampton  
Document Specialist  
New Filings Section

Letter Number: 704A00045144

RECEIVED  
04 JUL 26 PM 1:44  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA 32314

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

CARIBE MORTGAGE CORP.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

P.O. Box 593462  
Orlando, Fl. 32859-3462

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One Hundred.

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Alejandro (Alex) Lamour  
24 S. Semoran Blvd.  
Orlando, Fl. 32807

FILED  
JUL 11 1990  
TALLAHASSEE, FLORIDA

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Alejandro (Alex) Lamour  
24 S. Semoran Blvd.  
Orlando, Fl. 32807

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

Fifth day of July, ~~19~~ 2004.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: CARIBE MORTGAGE, CORP.

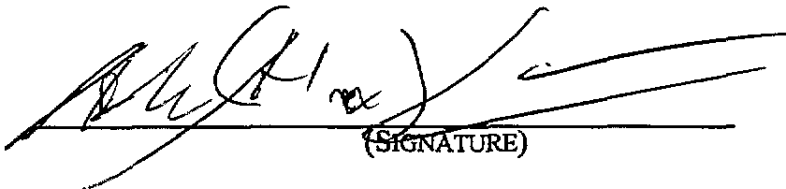
2. The name and address of the registered agent and office is:

Alejandro (Alex) Lamour  
(NAME)

24 S. Semoran Blvd.  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Orlando, Fl. 32807  
(CITY/STATE/ZIP)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(SIGNATURE)

2/5/2004  
(DATE)