

P04 000112784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

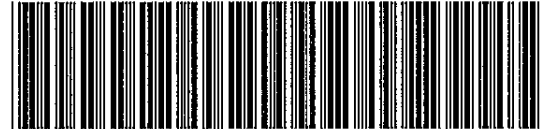
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TRANSMITTAL LETTER

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 AUG -2 PM 3:26

SUBJECT: Friendly Mortgage 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: Lawrence B Johnson  
Name (Printed or typed)

994 South West Baya Dr  
Address

Lake City Florida  
City, State & Zip

912-266-2633  
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:

Friendly Mortgage Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

994 South West Baya Dr  
Lake City Florida 32025

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Mortgage Broker

**ARTICLE IV SHARES**

The number of shares of stock is:

100 Shares

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

James R Daniels Laverne B Johnson  
PO BOX 1421 PO BOX 1422  
Gasper Fl 32052 Live Oak Fl 32040

**ARTICLE VI REGISTERED AGENT**

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

Laverne B Johnson  
356 Maple Dr  
Live Oak Fl 32040

**ARTICLE VII INCORPORATOR**

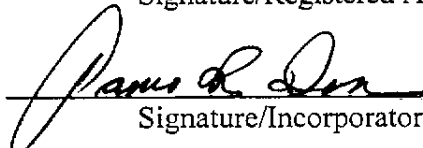
The name and address of the Incorporator is:

James R Daniels  
PO BOX 1421  
Gasper Fl 32052

\*\*\*\*\*  
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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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