

PO4000116524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

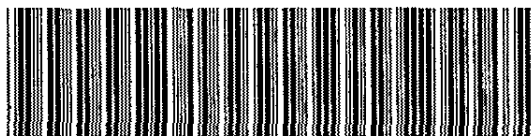
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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8/10/04

TRANSMITTAL LETTER

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

SUBJECT: CHAMPION 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: LENFOLD S.J. WILLIAMS
Name (Printed or typed)

9716 PINE BOULEVARD
Address

PEMBROKE PINES FL. 33024
City, State & Zip

954 562 6973 Lenford Williams **GAVE**
Daytime Telephone number

AUTHORIZATION BY PHONE TO

CORRECT VI & VII

DATE 8/10/04

DOC. EXAM ✓

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:

CHAMPION MORTGAGE INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9716 PINES BOULEVARD
Pembroke PINES FL. 33024

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MORTGAGE BROKER BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PRESIDENT: LENFORD S.T. WILLIAMS

ARTICLE VI REGISTERED AGENT

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

LENFORD S.T. WILLIAMS
9716 PINES BOULEVARD
Pembroke PINES FL. 33024

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LENFORD S.T. WILLIAMS
9716 PINES BOULEVARD
Pembroke PINES FL. 33024


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

8/04/04

Date



Signature/Incorporator

8/04/04

Date