

P04000127892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

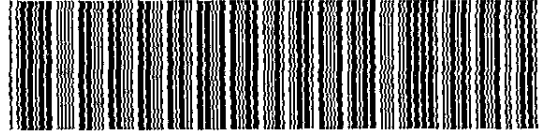
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SECRETARY OF STATE
MILWAUKEE COUNTY

9-9-04

TRANSMITTAL LETTER

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

SUBJECT: _____

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Mortgage Solutions of Naples Co.,

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: _____

LISA L D'ANGELO

Name (Printed or typed)

2335 Stanford Rd #501

Address

Naples FL 34145

City, State & Zip

239-280-8455

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:

Mortgage Solutions of Naples Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2335 STANFORD CT #501
Naples FL 34145

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MORTGAGE LOANS

ARTICLE IV SHARES

The number of shares of stock is:

100 AT NO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PRES. LISA L D'ANGELO Sec. 1738 Dogwood Dr
V.P. ~~XXXXXXXXXXXX~~ TRES. " " " " " " " "

Marco
St. Louis
FL
34145

ARTICLE VI REGISTERED AGENT

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

LISA L D'ANGELO
1738 DOGWOOD DR
MARCO ISLAND FL 34145

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LISA L D'ANGELO
1738 DOGWOOD DR
MARCO ISLAND FL 34145

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

Lisa L. D'Angelo
Signature/Registered Agent

8-31-04
Date

Lisa L. D'Angelo
Signature/Incorporator

8-31-04
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED