P04000143596

(Re	equestor's Name)		
(Ac	ldress)		
(Ar	idress)		
ζ. τ.			
	·		
(Ci	ty/State/Zip/Phone	• #)	
PICK-UP	WAIT	MAIL	
		_	
- TD			
(Bu	siness Entity Nam	ie)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
		- - 11	
Special Instructions to	Filing Officer:		

Office Use Only



200041716642

10/18/04--01018--008 **78.75

SECRETARY DE JACE SECRETARY DE

/A 10/19/04

TRANSMITTAL LETTER

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

SUBJECT: MORTO	GAGE TRAINING INSTITUTE, IN	IC.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Englosed are an orio	ginal and one (1) copy of the art	icles of incorporation and	a check for
Enclosed are all orig	gillal and one (1) copy of the art	reies of meorporation and	a check for.
□ \$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of
		ADDITIONAL CO	Status OPY REQUIRED
FROM: MA	ARSHALL GLATT		
- 11011X	Namo	e (Printed or typed)	
	1451 W CYPRESS CREEK RD	STE 300	
-	1451 W OTFICSS ONLER NO	Address	
	FT LAUDERDALE, FL 33309-	1953	
•	City	, State & Zip	
	954-928-2877	Telephone number	
	Daytitile	retebuoue namber	

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

FILED

04 OCT 18 AM 9: 39

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

MORTGAGE TRAINING INSTITUTE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1451 W. CYPRESS CREEK ROAD SUITE #300 FT. LAUDERDALE, FLORIDA 33309-1953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MORTGAGE TRAINING SCHOOL

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(cs) and specific title(s): MARSHALL GLATT; PRESIDENT/TRESURER 6474 VIA ROSA BOCA RATON, FLORIDA 33433

CINDY LEVINE; VICE PRESIDENT/SECRETARY 5629 N.W. 117th AVENUE CORAL SPRINGS, FLORIDA 33076

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: CINDY LEVINE 5629 N.W. 117th AVENUE CORAL SPRING, FLORIDA 33076

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: MARSHALL GLATT 1451 W. CYPRESS CREEK ROAD SUITE #300 FT. LAUDERDALE, FLORIDA 33309-1953

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

15 Oct 2004

Signature/Registered Agent

Date

Date

__15 Oct 2004

Signature/Incorporator