

P04000148763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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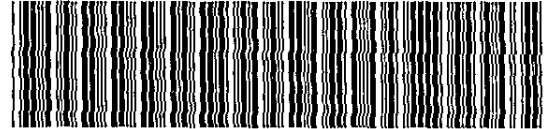
(Business Entity Name)

(Document Number)

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DIVISION OF REGISTRATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: AMERICAN MORTGAGE AND INSURANCE CONSULTANTS, 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: GARY PERNA
Name (Printed or typed)

227 LILYPUT LANE
Address

WAKE FOREST, NC 27588
City, State & Zip

919-349-2136
Daytime Telephone number

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TALLAHASSEE, FLORIDA

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:

AMERICAN MORTGAGE AND INSURANCE CONSULTANTS, TNC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. BOX 443
BRONSON, FL 32621

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSULTING FOR THE BANKING AND INSURANCE INDUSTRIES

ARTICLE IV SHARES

The number of shares of stock is:

1000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

GARY PERNA - PRESIDENT
GLEN GARNER - EXECUTIVE VICE-PRESIDENT
SONNI BENDIK - PERNA VICE-PRESIDENT
LIZETTE GARNER - VICE-PRESIDENT

ARTICLE VI REGISTERED AGENT

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

GLEN GARNER
4251 NE 107TH CT
BRONSON, FL 32621

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GARY PERNA
221 LILIPUT LANE
WAKE FOREST, NC 27587

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

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TALLAHASSEE, FLORIDA