## P04000157392

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	ty/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
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Office Use Only



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11/03/04--01020--001 \*\*78.75

No4-4117.3

OR LA

## TRANSMITTAL LETTER

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

SUBJECT: _	100	Wortza 25	Specialists	96	700+r	A101. de	رسرد
_		(PROPOSED	CORPORATE NAME	- MUST	INCLUDE SU	FFIX)	

Enclosed are an orig	inal and one (1) copy of the artic	les of incorporation and	a check for:			
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED			
FROM:	Name (Printed or typed)					
Address						
City, State & Zip  Daytime Telephone number						

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



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 9, 2004

ROBERT DESIANO 240 E 27TH ST., #20 C NEW YORK, NY 10016

SUBJECT: THE MORTGAGE PROFESSIONALS, INC.

Ref. Number: W04000041173

We have received your document for THE MORTGAGE PROFESSIONALS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2005 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6972.

Doris Brown Document Specialist New Filings Section

Letter Number: 304A00064095

## ARTICLES OF INCORPORATION

Signature/Incorporator

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) <u>ARTICLE</u> I NAME The name of the corporation shall be: The Mortgage Specialists OF South Floride ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 5331 HAWKesburgway Naples Florida 34119 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: Mortgage Business, to Become Correspondent morty age len der ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): DOSIANO 240 CDZ St # 20C NY NY 10016 ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Ralph Des. and Hankesbury way Maples Florida 34119 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: KOL DesiAno 240 231 24 \$ 30 C NY NA 10018 \*\*\*\*\*\*\*\*\*\*\*\* 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

Accost design have Signature/Registered Agent