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(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.F. 12

TRANSMITTAL LETTER

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

SUBJECT: Lee Kears Financial, 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: Norman L. Kears

Name (Printed or typed)

6002 n. Gunlock Ave.

Address

Tampa, Fl. 33614

City, State & Zip

(813) 936-0400

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:

Lee Kearse Financial, Inc.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business/mailling address is:

8615 N. Dixon Ave., Tampa, Fl 33604

ARTICLE III - PURPOSE

The purpose for which the corporation is organized is:

mortgage brokerage business and insurance products

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):

Norman L. Kearse, 6002 N. Gunlock Ave., Tampa, Fl. 33614, President

ARTICLE VI - REGISTERED AGENT

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

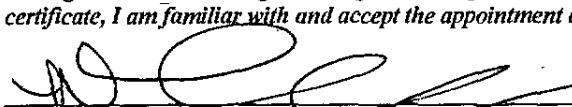
Norman L. Kearse, 6002 N. Gunlock Ave., Tampa, Fl. 33614

ARTICLE VII - INCORPORATOR

The name and address of the Incorporator is:

Norman L. Kearse, 6002 N. Gunlock Ave., Tampa, Fl. 33614

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA