

P04000166102

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

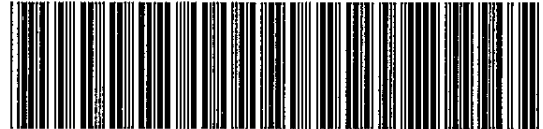
(Business Entity Name)

(Document Number)

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04 DEC -8 PM 4:04
DIVISION OF REVENUE

W04-45031

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CCN2 Mortgage Solutions, Inc.

Signature _____

Requested by: *WC*

Name _____

Date *12/8*

Time *4:00*

Walk-In _____

Will Pick Up _____

☒ Art of Inc. File _____

_____ LTD Partnership File _____

_____ Foreign Corp. File _____

_____ L.C. File _____

_____ Fictitious Name File _____

_____ Trade/Service Mark _____

_____ Merger File _____

_____ Art. of Amend. File _____

_____ RA Resignation _____

_____ Dissolution / Withdrawal _____

_____ Annual Report / Reinstatement _____

_____ Cert. Copy _____

☒ Photo Copy _____

_____ Certificate of Good Standing _____

_____ Certificate of Status _____

_____ Certificate of Fictitious Name _____

_____ Corp Record Search _____

_____ Officer Search _____

_____ Fictitious Search _____

_____ Fictitious Owner Search _____

_____ Vehicle Search _____

_____ Driving Record _____

_____ UCC 1 or 3 File _____

_____ UCC 11 Search _____

_____ UCC 11 Retrieval _____

_____ Courier _____



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

December 9, 2004

CAPITAL CONNECTION, INC.

SUBJECT: CCN2 MORTGAGE SOLUTIONS, INC.
Ref. Number: W04000045031

RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FILE DATE

We have received your document for CCN2 MORTGAGE SOLUTIONS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent and street address must be consistent wherever it appears in your document.

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

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) 245-6931.

Becky McKnight
Document Specialist
New Filings Section

Letter Number: 304A00068904

RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FILE DATE

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04 DEC -9 PM 3:16
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

CCN2 Mortgage Solutions, Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

CCN2 Mortgage Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

221 N. Hogan St. #175
Jacksonville, Florida 32202

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One Hundred

ARTICLE IV INITIAL REGISTRATION AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Patricia Gee-Jones
6965 Rollo Road
Jacksonville, Florida 32205

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 DEC -8 PM 12:36

ARTICLE V - OFFICERS

The following individuals are officers of this Corporation:

Patricia Gee-Jones, President
6965 Rollo Road
Jacksonville, FL 32205

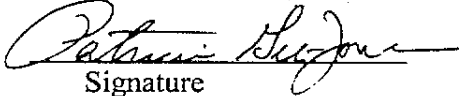
President has 100% of shares.

ARTICLE VI INCORPORATORS

The name and street address of the incorporator to these Articles of Incorporation is:

Patricia Gee-Jones
6965 Rollo Road
Jacksonville, FL 32205

The undersigned incorporator has executed these Articles of Incorporation this
6th day of December 2004.


Signature

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 and 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.


The name of the corporation is:

CCN2 Mortgage Solutions, Inc.

The name and address of the registered agent and office is:

Patricia Gee-Jones
6965 Rollo Road
Jacksonville, Florida 32205

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.


Signature

12/6/04
Date

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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