

705000012321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

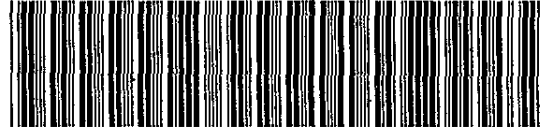
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TALLAHASSEE, FLORIDA

1-25

TRANSMITTAL LETTER

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

SUBJECT: SNOWBIRD MORTGAGE, 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: ROBERT A. WILLIAMS
Name (Printed or typed)

102 COLUMBIA DRIVE #108
Address

CAPE CANAVERAL, FL. 32920
City, State & Zip

321-783-1081
Daytime Telephone number

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DIVISION OF STATE
CORPORATIONS
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:

SNOW BIRD MORTGAGES, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

102 COLUMBIA DRIVE #108
CAPE CANAVERAL, FL. 32920

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ORIGINATE & PROCESS MORTGAGES

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):

ROBERT A. WILLIAMS - PRESIDENT / BROKER
1605 PHYLLIS DRIVE
MERRITT ISLAND, FL. 32952

ARTICLE VI REGISTERED AGENT

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

ROBERT A. WILLIAMS
102 COLUMBIA DRIVE #108
CAPE CANAVERAL, FL. 32920

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ROBERT A. WILLIAMS
1605 PHYLLIS DRIVE
MERRITT ISLAND, FL. 32952

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

Robert A. Williams

Signature/Registered Agent

01-16-05 ^{aw}

Date

Robert A. Williams

Signature/Incorporator

01-16-05 ^{aw}

Date

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JAN 19 2005
STATE
OFFICE
TALLAHASSEE, FLORIDA

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