

PD5000043415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

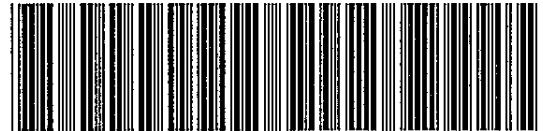
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300047937973

03/16/05--01031--006 **78.75

FILED
05 MAR 16 AM 10:23
SEALY HALL OF STATE
TALLAHASSEE, FLORIDA

3/23/05
BUTK

TRANSMITTAL LETTER

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

SUBJECT: Mortgage Solutions Center 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: SCOTT ANDERSON
Name (Printed or typed)

4216 Windlakes Dr
Address

Orlando FL 32835
City, State & Zip

407 448 6250
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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

Mortgage Solutions Center Inc.

05 MAR 16 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4216 Windlakes Dr.
Orlando FL 32835

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Mortgage Broker

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

SCOTT ANDERSON 4216 Windlakes Dr Orlando FL 32835 President/Dir

ARTICLE VI REGISTERED AGENT

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

SCOTT ANDERSON 4216 Windlakes Dr Orlando FL 32835

ARTICLE VII INCORPORATOR

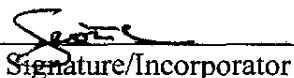
The name and address of the Incorporator is:

SCOTT ANDERSON 4216 Windlakes Dr Orlando FL 32835

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

3/14/05
Date


Signature/Incorporator

3/14/05
Date