

PD5000047329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

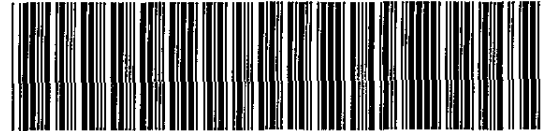
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

05 MAR 29 PM 1:45

FILED

DEPT. OF STATE
TALLAHASSEE, FLORIDA

03 MAR 29 AM 11:25

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\$ 78.75



236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

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3/29 TS



CERTIFIED COPY

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FILING

Arts

1.) Foreclosure Mediation Services, Inc.
(CORPORATE NAME & DOCUMENT #)

2.)
(CORPORATE NAME & DOCUMENT #)

3.)
(CORPORATE NAME & DOCUMENT #)

4.)
(CORPORATE NAME & DOCUMENT #)

5.)
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

ARTICLES OF INCORPORATION
OF
FORECLOSURE MEDIATION SERVICES, INC.

FILED
05 MAR 29 PM 1:48
CLERK OF STATE
TALLAHASSEE, FLORIDA

The undersigned, acting as Incorporator of this Corporation pursuant to Chapter 607 of the Florida Statutes, hereby forms a corporation for profit under the laws of the State of Florida.

ARTICLE I-NAME

The name of the corporation shall be FORECLOSURE MEDIATION SERVICES, INC.

ARTICLE II-PRINCIPAL OFFICE

The principal office of this Corporation shall be located at 6082 Westgate Dr. #201, Orlando, Florida 32835.

ARTICLE III-DATE OF EXISTENCE

This corporation shall exist perpetually, commencing on the date of execution of these Articles of Incorporation.

ARTICLE IV-INDEMNIFICATION

This Corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

ARTICLE V-CAPITAL STOCK

The maximum number of shares of capital stock that this Corporation is authorized to issue and have outstanding at any one time is TEN THOUSAND (10,000) shares of common stock having a par value of One Dollar (\$1.00) per share.

ARTICLE VI-INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The initial street address of the registered office of this Corporation in the State of Florida shall be 120 East Concord St., Orlando, Florida 32801. The Board of Directors may from time to time move the registered office to any other address in Florida. The name of the initial registered agent of this Corporation at that address is DONNA L. DRAVES. The Board of Directors may from time to time designate a new registered agent.

ARTICLE VII-INCORPORATOR

The name and address of the Incorporator of this Corporation is:

WHITNEY R. JOHNSON
6082 Westgate Dr. #201
Orlando, Florida 32835

ARTICLE VIII-INITIAL BOARD OF DIRECTORS

- A. The initial number of directors of this Corporation shall be one (1).
- B. The number of directors may be increased or decreased from time to time in accordance with the Bylaws of this Corporation, but shall never be less than one (1).

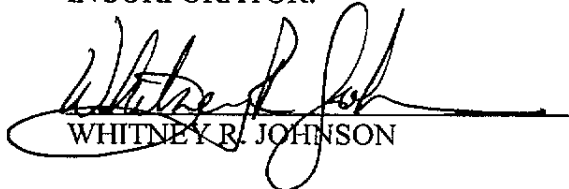
WHITNEY JOHNSON
6082 Westgate Dr. #201
Orlando, Florida 32835

ARTICLE IX-NATURE OF BUSINESS

This corporation may engage in or transact any and all lawful activities or business permitted under the laws of the United States, the State of Florida, or of any other state, country, territory or nation.

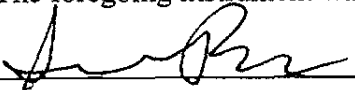
IN WITNESS WHEREOF, the undersigned has hereunto set her hand and seal on this 28th day of March, 2005.

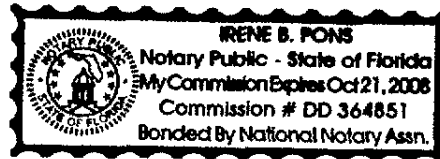
INCORPORATOR:

 (LS)
WHITNEY R. JOHNSON

STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 28th day of March, 2005.





TYPE OF IDENTIFICATION USED: FL DL # J525-896-80-674-D

DESIGNATION AND ACCEPTANCE
OF REGISTERED AGENT

The following is submitted in compliance with the laws of the State of Florida.

FORECLOSURE MEDIATION SERVICES, INC., a corporation organized under the laws of the State of Florida, with its principal office located at 6082 Westgate Dr. #201, Orlando, Florida 32835, has named DONNA L. DRAVES of Draves & Beame, P.A., whose address is 120 East Concord Street, Orlando, Florida 32801, as its Registered Agent to accept service of process within this State.

ACCEPTANCE

I agree as Registered Agent to accept service of process; to keep the office open during prescribed hours; to post my name (and any other officers of said corporation authorized to accept service of process at the above designated address) in some conspicuous place in the office as required by law. I further state that I am familiar with and accept the duties and responsibilities as registered agent for said corporation.

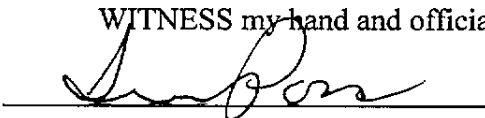
REGISTERED AGENT:

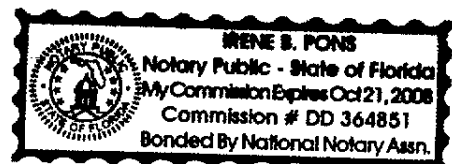

DONNA L. DRAVES

STATE OF FLORIDA
COUNTY OF ORANGE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid, to take acknowledgments, personally appeared Whitney R. Johnson to me known to be the person described in and who executed the foregoing instrument and she acknowledged before me that she executed the same.

WITNESS my hand and official seal this 28th day of March, 2005.





TYPE OF IDENTIFICATION USED: FL DL # J525-896-86-674-0