

POS000052519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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04/05/05--01048--001 \*\*78

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
05 APR -5 PM 3:17

TRANSMITTAL LETTER

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

SUBJECT: outside The Box FINANCING INCORPORATED  
(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: Eileen Martens  
Name (Printed or typed)

2473 S.W. COOPER LANE  
Address

PORT ST LUCIE FL 34984  
City, State & Zip

772-878-4725  
Daytime Telephone number

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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:

outside The Box FINANCING INCORPORATED

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2473 SW Cooper LANE PORT ST LUCIE FL.  
34984

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

MORTGAGE BROKERAGE BUSINESS

**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):

Eileen MARTENS  
2473 S.W. COOPER LANE  
PORT ST. LUCIE FL. 34984

**ARTICLE VI REGISTERED AGENT**

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

Eileen MARTENS  
2473 S.W. COOPER LANE PORT ST LUCIE FL. 34984

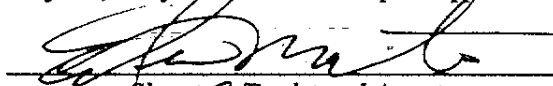
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Eileen MARTENS  
2473 SW Cooper LANE PORT ST LUCIE FL. 34984

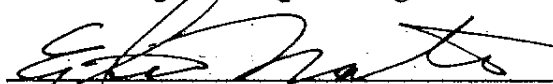
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

3-28-05

Date

  
\_\_\_\_\_  
Signature/Incorporator

3-28-05

Date

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DIVISION OF CORPORATIONS  
05 APR -5 PM 3:17