## P05000084659

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SECRETARY OF STATE
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T. Busch JUN 1.3 Halfs

## TRANSMITTAL LETTER

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

SUBJECT:	Inta Mortga	ge Service	's Inc.
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Kristy Steph	(Printed of typed)	
	6118 Silkda	Jc Cł Address	
	Tampa, Fig.	33625 State & Zip	

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	A I
ARTICLE I NAME	E-G-
The name of the corporation shall be:	
Pinta Mortgage Services Inc	ILED I3 PM ARY OF SSEE, F
ARTICLE II PRINCIPAL OFFICE	75
The principal place of business/mailing address is:	2: 03 STATE
6118 Silkdale Ct	DA TO
Tampa, Fr 33625	
ARTICLE III PURPOSE	,
The purpose for which the corporation is organized is:	
Asist consumer with the purchase or refinance of a home	
or remance of a nome 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):	
Knsty Stephenson; President	
Knsty Stephenson; vice President Knsty Stephenson; Secretary Knsty Stephenson; treasurer	
KnSty Stephenson, Secretary	
Vinctu Strobenson treasurer	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is	s:
Knsty stophenson	
6118 SILKOTALE CT	
Tampa, Fi 33625	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Kusty Stephenson	
Knsty Stephenson 6118 Silkdale Ct	
Tampa, Fi 33625	
++++++++++++++++++++++++++++++++++++++	kwwwwwwwwww. e ninoe decimentad in th
certificate, I am Jamiliar with and accept the appointment as registered agent and agree to act in this capacit	
	1
KNOW MOL DU/U	1K/U5
Cimal wat Davidhard A man	intd

Signature/Registered Agent

Signature/Incorporator

De/08/05