

P05000093407

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(Business Entity Name)

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06/13/05--01006--009 \*\*78.75

FILED  
05 JUN 30 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch JUN 30 2005

**TRANSMITTAL LETTER**

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

**SUBJECT:** SARA BOM DE MATOS P.A.  
**(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:** SARA BOM DE MATOS  
Name (Printed or typed)

3160 MERRICK TERRACE  
Address

MARGATE, FLORIDA 33063  
City, State & Zip

954-782-2211 / 954-815-0263  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

June 13, 2005

SARA BOM DE MATOS  
3160 MERRICK TERRACE  
MARGATE, FL 33063

SUBJECT: SARA BOM DE MATOS P.A.  
Ref. Number: W05000029088

We have received your document for SARA BOM DE MATOS P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch  
Document Specialist  
New Filings Section

Letter Number: 205A00040976

RECEIVED  
05 JUN 30 AM 10:55  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

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

FILED  
05 JUN 30 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

SARA BOM DE MATOS P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

3160 MERRICK TERRACE  
MARGATE, FLORIDA 33063

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PROFESSIONAL ASSOCIATION  
- mortgage broker

**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):

SARA BOM DE MATOS ( PSTD)

**ARTICLE VI REGISTERED AGENT**

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

SARA BOM DE MATOS  
3160 MERRICK TERRACE  
MARGATE, FL 33063

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

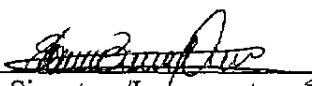
SARA BOM DE MATOS  
3160 MERRICK TERRACE  
MARGATE, FLORIDA 33063

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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 Sara Bom de Matos

06/09/05  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator Sara Bom de Matos

06/09/05  
\_\_\_\_\_  
Date