

PA5000101746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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05 JUL 19 AM 8:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED JUL 21 2005

## TRANSMITTAL LETTER

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

SUBJECT: EXQUISITE MORTGAGES 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: Toby L. Spill  
Name (Printed or typed)

1680 Michigan Avenue, Suite 915

Address

Miami Beach, FL 33139

City, State & Zip

(305) 538-7123

Daytime Telephone number

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

FILED  
05 JUL 19 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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:

EXQUISITE MORTGAGES, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1680 Michigan Avenue, Suite 915  
Miami Beach, FL 33139

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business.

### ARTICLE IV SHARES

The number of shares of stock is:

1,000 shares

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Toby L. Spill, President  
661 NE 53 Street  
Miami, FL 33137

### ARTICLE VI REGISTERED AGENT

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

Joy Spill  
Simon & Simon, P.A.  
9100 South Dadeland Boulevard, Suite 504  
Miami, FL 33156

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

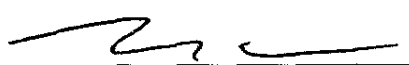
Toby L. Spill  
661 NE 53 Street  
Miami, FL 33137

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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

  
Date

  
Signature/Incorporator

  
Date