

P05000105283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

BATCH WORK  
7/28

*[Signature]* 7/29/05

267 50

MONYA KEOWN  
INTEGRITY DISCOUNT MORTGAGE  
700 W. PLANT STREET  
WINTER GARDEN, FL 34787

Request taken by: Isellers  
03-18-2005

The forms you recently requested from this office are:

- (1) 103. Cert of Domestication
- (1) 100. Profit Articles

Should you have any questions or need any further information,  
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

## TRANSMITTAL LETTER

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

SUBJECT: Integrity Discount Mortgage, Inc.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

### FEES:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	\$128.75

### OPTIONAL:

Certificate of Status	\$ 8.75
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FROM: Greg Keown  
Name (Printed or typed)

700 W. Plant St  
Address

Winter Garden, FL 34787  
City, State & Zip

407. 666. 8831  
Daytime Telephone number

## CERTIFICATE OF DOMESTICATION

The undersigned, Greg Keown, president  
(Name) (Title)

of Integrity Discount Mortgage, Inc. a foreign Corporation,  
(Corporation Name)

in accordance with F.S., 607.1801 does hereby certify:

1. The date on which corporation was first formed was 4/29/03
2. The jurisdiction where the above named corporations was first formed, incorporated, or otherwise came into being was Atlanta, GA
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Integrity Discount Mortgage, Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Integrity Discount Mortgage, Inc.
5. The jurisdiction that constituted the seat, siege, social principal place of business or central administration of the corporation, or any other equivalent thereto under applicable law immediately prior to the filing of the Certificate of Domestication was GA Secretary of State
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Greg Keown, president, of Integrity Discount Mortgage, Inc.  
and am authorized to sign this certificate of Domestication on behalf of the corporation and have done so this the 30<sup>th</sup> day of March, 2005.

(Signature)  
(Authorized Signature)

### Filing Fee:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

**ARTICLES OF INCORPORATION**  
In compliance with Chapter F.S., 607.

**ARTICLE I NAME**

The name of the corporation shall be:

Integrity Discount Mortgage, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

700 W. Plant St  
Winter Garden, FL 34787

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

mortgage broker company,  
professional corporation

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s) and address(es):

Greg Keown  
13907 Daniels Landing Circle  
Winter Garden, FL 34787

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the registered agent is:

Greg Keown  
13907 Daniels Landing Circle  
Winter Garden, FL 34787

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Greg Keown  
13907 Daniels Landing Circle  
Winter Garden, FL 34787

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Having been named as registered agent and 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

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CLERK OF STATE  
TALLAHASSEE, FLORIDA