

PO5000131582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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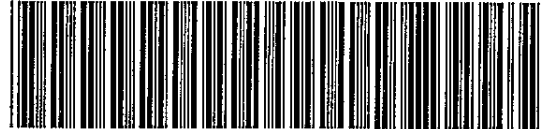
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/19/05--01015--003 **87.50

FILED
05 SEP 26 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓
9/27/05 BWT
WDS-43451

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

SUBJECT: Professional Mortgage Associates of FLA, 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
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:

Caro I M. Lindemann

Name (Printed or typed)

100 SW Magnolia Avenue

Address

Keystone Heights, FL 32656

City, State & Zip

352-473-0305

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 19, 2005

CAROL M. LINDEMANN
100 SW MAGNOLIA AVE.
KEYSTONE HEIGHTS, FL 32656

SUBJECT: PROFESSIONAL MORTGAGE ASSOCIATES OF FLORIDA, INC
Ref. Number: W05000043451

We have received your document for PROFESSIONAL MORTGAGE ASSOCIATES OF FLORIDA, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can have only 1 Registered Agent in Article VI. Please remove one and have the person named sign as Registered Agent.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6840.

Bruce W Kitchens
Document Specialist
New Filings Section

Letter Number: 405A00057504

RECEIVED
05 SEP 26 PM 2:17
STATE OF FLORIDA
DEPARTMENT OF STATE

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:

OF North
Profession of Mortgage ~~Associates~~ Florida, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

100 SW Magnolia Avenue
Keystone Heights, FL 32656

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MORTGAGE loan origination & legal work

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):

Carol M. Lindemann, President & Secretary
Michael J. Lindemann, Vice President

ARTICLE VI REGISTERED AGENT

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

Carol M. Lindemann & Michael J. Lindemann
120 Tinsley Lane
Ft. Pierce, FL 32140

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Carol M. Lindemann
120 Tinsley Lane
Ft. Pierce, FL 32140

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

Carol M. Lindemann ✓

Signature/Registered Agent

8-11-05

Date

Carol M. Lindemann

Signature/Incorporator

8-11-05

Date

Michael J. Lindemann

Signature/Registered Agent

8-11-05

Michael J. Lindemann

Signature/Incorporator

8-11-05

State of Florida
County of Clay

The foregoing instrument was acknowledged before me this 11th day of August, 2005 by Carol M. Lindemann and Michael J. Lindemann, who are personally known to me.

Linda Diane Stanley
Linda Diane Stanley
Notary Public
State of Florida



Linda Diane Stanley
MY COMMISSION # DD140822 EXPIRES
August 11, 2006
BONDED THRU TROY FAIR INSURANCE, INC.

FILED
05 SEP 26 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA