

PO5000140239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

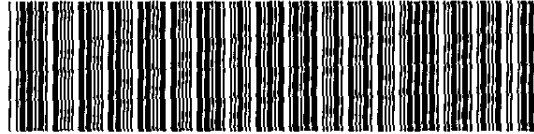
(Business Entity Name)

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STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

2005 OCT 13 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Hampton OCT 14 2005

Charter Number Only

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10/12

MGM Title Co.

Requestor's Name

1800 W. 49 St. #226

Address

Hialeah FL 33012

City

State

ZIP

Phone

558-2852B

CORPORATION(S) NAME

FAMILY SOLUTIONS MORTGAGE CORP.

☒ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W P Verifier



Empire Toll Free: 1-800-432-3028

ARTICLES OF INCORPORATION

OF

FAMILY SOLUTIONS MORTGAGE CORP.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: FAMILY SOLUTIONS MORTGAGE CORP.

The principal place of business of this corporation shall be: 3111 4ST N.W.
NAPLES, FLORIDA 34120

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

TO ENGAGE IN THE GENERAL BUSINESS OF REAL ESTATE MORTGAGES

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

ONE HUNDRED SHARES AT \$1.00 PAR VALUE

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

ESTRELLA LEYVA 3111 4ST. N.W.
NAPLES, FLORIDA 34120

PRESIDENT/TREASURER/SECRETARY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

ESTRELLA LEYVA

3111 4ST N.W.
NAPLES, FLORIDA 34120

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 11 day of OCT. 2005

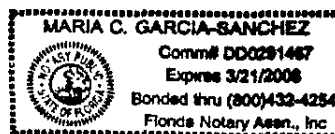

ESTRELLA LEYVA

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

THE FOREGOING instrument was acknowledged and sworn to before me this 11 day of OCT. 2005 by ESTRELLA LEYVA
(Name of Incorporator)
of FAMILY SOLUTIONS MORTGAGE CORP.
(Name of Corporation)

Notary Public

My Commission Expires: _____



CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: FAMILY SOLUTIONS MORTGAGE CORP.

2. The name and address of the registered agent and office is:

ESTRELLA LEYVA

3111 4ST N.W.

(P. O. BOX NOT ACCEPTABLE)

NAPLES, FLORIDA 34120

(CITY/STATE/ZIP)

SIGNATURE

Estrella Leyva
(Corporate Officer)

ESTRELLA LEYVA

TITLE PRESIDENT/TREASURER/SECRETARY

DATE _____

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE

Estrella Leyva
(Registered Agent)

ESTRELLA LEYVA

DATE _____