

Box 17

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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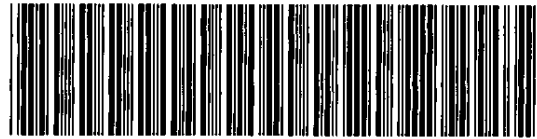
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/15/06

COVER LETTER

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

SUBJECT: South Regional Mortgage Corp.

(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: Marcia V. Villiers

Name (Printed or typed)

2880 West Oakland Park Blvd., Suite 125D

Address

Ft. Lauderdale, FL 33311

City, State & Zip

954-274-6211

Daytime Telephone number

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

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:

South Regional Mortgage Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2880 West Oakland Park Blvd., Suite 125D, Ft. Lauderdale. FL 33311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

mortgage

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):

Marcia V. Villiers
2880 W. Oakland Park Blvd
Ft. Lauderdale, FL 33311

ARTICLE VI REGISTERED AGENT

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

Marcia V. Villiers
2880 W. Oakland Park Blvd,
Ft. Lauderdale, FL 33311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Marcia V. Villiers
2880 W. Oakland Park Blvd., Ft. Lauderdale, FL 33311

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

Signature/Incorporator

Date

Date

FILED
06 FEB -9 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA