

P06000049844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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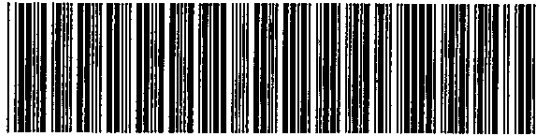
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 APR -6 AM 9:11

FILED

COVER LETTER

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

SUBJECT: Power Mortgage Associates 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: Richard Shockey
Name (Printed or typed)

116 CRANE ST
Address

PANAMA CITY BEACH FL 32413
City, State & Zip

850 774 5330
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:

Power Mortgage Associates Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

401 W 14th St, Suite 1, Lynn Haven FL 32444

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MAKE MORTGAGES

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):

50% Richard Shockey 116 CRANE ST, PCB, FL 32413 President
50% Jennifer Norlock 401 W 14th St, Suite 1, Lynn Haven, FL 32444 Vice-President

ARTICLE VI REGISTERED AGENT

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

Richard Shockey
116 CRANE ST
PCB FL 32413

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Richard Shockey
116 CRANE ST
PCB FL 32413

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

CLERK OF STATE
TALLAHASSEE, FLORIDA

06 APR - 6 AM 9:11

FILED