

P06000054214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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J. Shivers APR 17 2006

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Medal Crest Mortgage, Inc.

Signature _____

Requested by: *WC*

Name _____

Date *4/1/11*

Time *11:00*

Walk-In _____

Will Pick Up _____

☒ Art of Inc. File _____
☐ LTD Partnership File _____
☐ Foreign Corp. File _____
☐ L.C. File _____
☐ Fictitious Name File _____
☐ Trade/Service Mark _____
☐ Merger File _____
☐ Art. of Amend. File _____
☐ RA Resignation _____
☐ Dissolution / Withdrawal _____
☐ Annual Report / Reinstatement _____
☒ Cert. Copy _____
☐ Photo Copy _____
☐ Certificate of Good Standing _____
☐ Certificate of Status _____
☐ Certificate of Fictitious Name _____
☐ Corp Record Search _____
☐ Officer Search _____
☐ Fictitious Search _____
☐ Fictitious Owner Search _____
☐ Vehicle Search _____
☐ Driving Record _____
☐ UCC 1 or 3 File _____
☐ UCC 11 Search _____
☐ UCC 11 Retrieval _____
☐ Courier _____

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**ARTICLES OF INCORPORATION
OF
MEDAL CREST MORTGAGE, INC.**

**THE UNDERSIGNED SUBSCRIBER (s) TO THESE ARTICLES OF INCORPORATION,
NATURAL PERSON (s) COMPETENT TO CONTRACT, HEREBY FORM A CORPORATION UNDER
THE LAWS OF THE STATE OF FLORIDA.**

ARTICLE I - CORPORATE NAME

**THE NAME OF THE CORPORATE IS: MEDAL CREST MORTGAGE, INC.
THE PRINCIPLE MAILING ADDRESS OF CORPORATION IS; 8825 SHINDLER CROSSING JACKSONVILLE, FL. 32222**
ARTICLE II - DURATION

**THIS CORPORATION SHALL EXIST PERPETUALLY UNLESS DISSOLVED
ACCORDING TO FLORIDA LAW.**

ARTICLE III -PURPOSE

**THE CORPORATION IS ORGANIZED FOR THE PURPOSE OF ENGAGING IN ANY
ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND THE
STATE OF FLORIDA.**

ARTICLE IV- CAPITAL STOCK

**THE CORPORATION IS AUTHORIZED TO ISSUE (five hundred) SHARES
(500) OF (one) DOLLAR (s) (\$ 1.00) PAR VALUE COMMON STOCK, WHICH SHALL
BE DESIGNATED "COMMON STOCK"**

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ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

THE NAME AND ADDRESS OR THE INITIAL REGISTERED AGENT OF THIS CORPORATION IS:
NAME ARLENE WILLIAMS

PRINCIPLE AND MAILING ADDRESS: 8825 SHINDLER CROSSING DR. JACKSONVILLE, FL 32222

ARTICLE VI- INITIAL BOARD OF DIRECTORS

THIS CORPORATION SHALL HAVE ONE (1)
DIRECTORS INITIALLY. THE NUMBER OF DIRECTORS MAY BE INCREASED OR
DIMINISHED FROM TIME TO TIME BY THE BY-LAWS, BUT SHALL NEVER BE LESS THAN ONE (1).
THE NAMES AND ADDRESS OF THE INITIAL DIRECTOR(S) OF THE
CORPORATION ARE AS FOLLOWS:

NAME: ARLENE WILLIAMS

NAME:

PRINCIPLE AND MAILING ADDRESS: 8825 SHINDLER CROSSING DR.

CITY: JACKSONVILLE FLORIDA ZIP: 32222

NAME:

NAME:

PRINCIPLE AND MAILING ADDRESS:

CITY: FLORIDA ZIP

ARTICLE VII - INCORPORATORS

THE NAME AND ADDRESSES OF THE PERSON(S) SIGNING THESE ARTICLES OF
INCORPORATION ARE AS FOLLOWS:

NAME: ARLENE WILLIAMS

NAME:

PRINCIPLE AND MAILING ADDRESS: 8825 SHINDLER CROSSING DR.

CITY: JACKSONVILLE FLORIDA ZIP: 32222

NAME:

NAME:

PRINCIPLE AND MAILING ADDRESS:

CITY: FLORIDA ZIP

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF MEDAL CREST MORTGAGE, INC.

(Name of corporation)

**PURSUANT TO FLORIDA STATUTE SECTIONS 48.091 AND 607.304, THE FOLLOWING
SUBMITTED:**

**THE ABOVE CORPORATION, DESIRING TO ORGANIZE UNDER THE LAWS OF THE
STATE OF FLORIDA WITH ITS REGISTERED OFFICE AS INDICATED IN THE ARTICLES OF INCORPORATION**

**ADDRESS: 8825 SHINDLER CROSSING DR. JACKSONVILLE, FL 32222
HAS NAMED: ARLENE WILLIAMS**

**LOCATED AT THE AFORESAID ADDRESS, AS ITS REGISTERED AGENT TO ACCEPT
SERVICE OF PROCESS WITHIN THIS STATE.**

ACKNOWLEDGEMENT

**HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED
CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY
ACCEPT TO ACT IN THIS CAPACITY, AND AGREE TO COMPLY WITH THE PROVISIONS
OF FLORIDA LAW IN KEEPING OPEN SAID OFFICE.
I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS
A REGISTERED AGENT.**


ARLENE WILLIAMS *(Registered agent)*

IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCRIBER (s) HAVE EXECUTED THESE
ARTICLES OF INCORPORATION THIS 29th DAY OF MARCH 2006

x Arlene Williams (SIGN)

____ (SIGN)

____ (SIGN)

____ (SIGN)

STATE OF FLORIDA

SS

COUNTY OF DUVAL

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE ACKNOWLEDGEMENTS IN THE
STATE AND COUNTY SET FORTH ABOVE PERSONALLY APPEARED

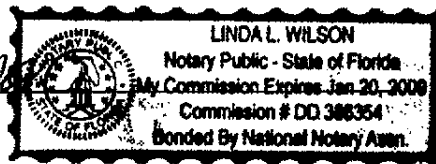
NAME; ARLENE WILLIAMS

KNOWN TO ME AND KNOWN TO BE THE PERSON (s) WHO EXECUTED THE FOREGOING
ARTICLES OF INCORPORATION, AND WHO ACKNOWLEDGE BEFORE ME THAT
(HE) OR (SHE)
EXECUTED THESE ARTICLES OF INCORPORATION

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06 MAR 14 11:12
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, I HAVE HEREUNTO AFFIXED MY HAND AND SEAL, IN THE
STATE AND COUNTY AFORESAID THIS 29th DAY OF MARCH 2006.

(NOTARY SEAL)



(NOTARY PUBLIC, STATE OF FLORIDA AT LARGE)

LINDA L. WILSON
MY COMMISSION # DD 388354
MY COMMISSION EXPIRES: JANUARY 20, 2009