

P06000062337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

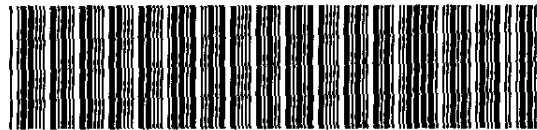
(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status

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05/03/06--01038--002 **78.75

06 MAY -3 PM 2:00

06 MAY -3 PM 2:12
OFFICE OF STATE
CLERK

Hampton MAY - 3 2006

COVER LETTER

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

SUBJECT: MORTGAGES BY DAWN, 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: DAWN L. HORNE-POOLE
Name (Printed or typed)

5571 LOFTY PINES CIRCLE, SOUTH
Address

JACKSONVILLE, FL 32210
City, State & Zip

(904) 573-5990
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:

MORTGAGES BY DAWN, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5571 LOFTY PINES CIRCLE, SOUTH
JACKSONVILLE, FL 32210

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

50,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

DAWN E. HORNE-POOLE - PRESIDENT
5571 LOFTY PINES CIRCLE, SOUTH
JACKSONVILLE, FL 32210

ARTICLE VI REGISTERED AGENT

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

DAWN E. HORNE-POOLE
5571 LOFTY PINES CIRCLE, SOUTH
JACKSONVILLE, FL 32210

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DAWN E. HORNE-POOLE
5571 LOFTY PINES CIRCLE, SOUTH
JACKSONVILLE, FL 32210

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

06 MAY -3 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA