

PO6000068934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

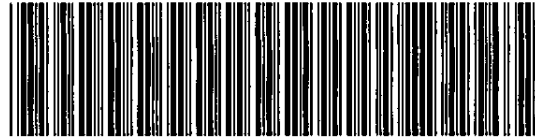
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100074440851

05/15/06--01020--015 \*\*157.50

FILED  
06 MAY 17 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*pa*

*dec 5/18*

**COVER LETTER**

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

**SUBJECT: Green Light Mortgage and Refinance, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Samantha Dammer, c/o J. Roberts and Company  
Name (Printed or typed)

One North Dale Mabry Hwy., #601  
Address

Tampa, Florida 33609  
City, State & Zip

813-597-8381  
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:

Green Light Mortgage and Refinance, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

One North Dale Mabry Hwy., #601  
Tampa, Florida 33609

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any lawful purpose including providing mortgage and refinance services.

**ARTICLE IV SHARES**

The number of shares of stock is:

500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

- Jeremy Sposato - President
- Adrees Ali - Vice President
- Brian Ludden - Vice President
- Samantha Dammer - Vice President

**ARTICLE VI REGISTERED AGENT**

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

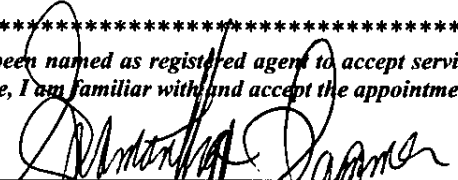
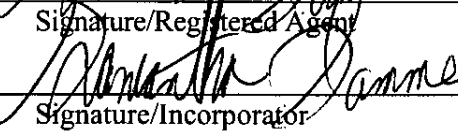
Samantha Dammer  
One North Dale Mabry Hwy., #601  
Tampa, FL 33609

**ARTICLE VII INCORPORATOR**

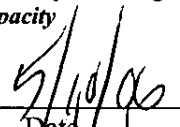
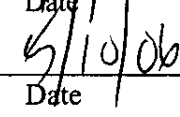
The name and address of the Incorporator is:

Samantha Dammer  
One North Dale Mabry Hwy., #601  
Tampa, FL 33609

\*\*\*\*\*  
*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

FILED  
 06 MAY 17 PM 3:09  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

  
 \_\_\_\_\_  
 Date  
  
 \_\_\_\_\_  
 Date