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COMPLIANCE CONSULTING

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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : COMPLIANCE CONSULTING CORPORATION OF FLORIDA
Account Number : I20010000135
Phone : (561)586-3645
Fax Number : (561)586-6335

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

1st Capital Mortgage Services, Inc

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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(H060001609783)

2006-06

ARTICLES OF INCORPORATION

(H060001609783)

The undersigned Incorporator, for the purpose of forming a corporation under the Florida Business Corporation act, hereby adopts the following Articles of Incorporation.

ARTICLE I. NAME

The name of the corporation shall be:

1st Capital Mortgage Services, Inc

ARTICLE II. PRINCIPLE OFFICE

The principal place of business and mailing address of this corporation shall be:

1979 Longwood Lake Mary Rd #1007
Longwood, FL 32750

ARTICLE III. SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

ARTICLE IV. INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent is:

Brad Groden
1706 Davenport CT
Winter Springs, FL 32708

ARTICLE V. INITIAL DIRECTORS NAMES AND ADDRESSES

Brad Groden
1706 Davenport CT
Winter Springs, FL 32708

Patricia Groden
1706 Davenport CT
Winter Springs, FL 32708

ARTICLE VI. INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation is:

Compliance Consulting Corp of Florida
1013 Lucerne Ave # 201
Lake Worth, FL 33460

Patric Benedict

Signature/Incorporator

6/19/06

Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity, further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent.

[Signature]

Signature/Registered Agent

6/19/06

Date

(H060001609783)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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