

PO6000146053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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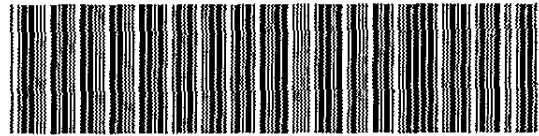
(Business Entity Name)

(Document Number)

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

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## COVER LETTER

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

SUBJECT: Capitol Mortgage, Corp  
(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: Ignacio L Molina  
Name (Printed or typed)

7982 NW 190 Lane  
Address

Miami ,Florida.33015  
City, State & Zip

786-256-8083  
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:

Capitol Mortgage ,Corp

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8591 NW 186 ST #129 Miami ,Florida.33015

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Mortgage Brokerage Business

### ARTICLE IV SHARES

The number of shares of stock is:

5

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Ignacio L Molina 7982 NW 190 Lane Miami ,Florida .33015 --- President/Owner

### ARTICLE VI REGISTERED AGENT

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

Ignacio L Molina 7982 NW 190 Lane Miami ,Florida .33015

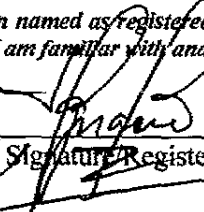
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ignacio L Molina 7982 NW 190 Lane Miami ,Florida .33015

\*\*\*\*\*

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

11-16-06  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date