

# P06000153286

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**ALPHA-OMEGA MORTGAGE SOLUTIONS, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	01
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Electronic Filing Menu

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## ARTICLES OF INCORPORATION

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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** Alpha-Omega Mortgage Solutions, Inc.

**ARTICLE II PRINCIPAL OFFICE/ADDRESS**

The mailing address of business of this corporation shall be:

36181 East Lake Road, Suite 172  
Palm Harbor, FL 34685

**ARTICLE III SHARES**

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

One-Thousand (1,000) Shares  
Common Stock

**ARTICLE IV INITIAL REGISTERED AGENT**

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

Raj Manansingh  
36181 East Lake Road, Suite 172  
Palm Harbor, FL 34685

**ARTICLE V INCORPORATOR**

The name and mailing address of the incorporator to these Articles of Incorporation are:

Raj Manansingh  
36181 East Lake Road, Suite 172  
Palm Harbor, FL 34685

**ARTICLE VI OFFICERS**

The officers of the corporation are:

Raj Manansingh: D/P/S/T  
36181 East Lake Road, Suite 172  
Palm Harbor, FL 34685

**ARTICLE VII EFFECTIVE DATE**

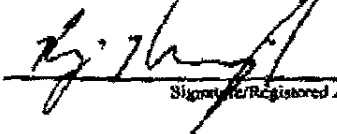
The effective date of the corporation is:

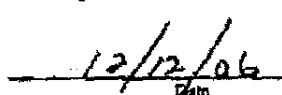
January 1, 2007

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

  
\_\_\_\_\_  
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. I 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/Registered Agent

  
\_\_\_\_\_  
Date