

P07000006038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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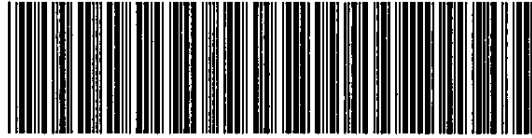
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: A MORTGAGE SOURCE, 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: AL PALACIOS
Name (Printed or typed)

2020 W. FAIRBANKS AVE Ste 102
Address

WINTER PARK, FL 32789
City, State & Zip

407-647-2674
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:

A. Mortgage Source, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2020 W. FAIRBANKS AVE Ste 102
Winter PARK, FL 32789

MAILING ADDRESS P.O. Box 378 CLARCONA, FL 32708

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ORIGINATE MORTGAGE LOANS / Correspondent Lender

ARTICLE IV SHARES

The number of shares of stock is:

1,000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JACKIE J. RAINEY
8104 Sully Dr. ORLANDO, FL 32818
President/CEO

ARTICLE VI REGISTERED AGENT

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

ADO / F. L. PALACIOS
8104 Sully Dr ORLANDO, FL 32818

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JACKIE J. RAINEY.
8104 Sully Dr.
ORLANDO, FL 32818

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

Date

Signature/Incorporator

Date

FILED

07 JAN 12 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA