

P07000031367

(Requestor's Name)

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☐ PICK-UP

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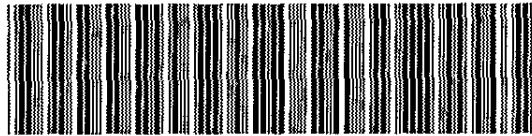
(Business Entity Name)

(Document Number)

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2007 MAR -9 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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07 FEB 27 AM 11:07

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

# LAZARUS CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. CNC MORTGAGE INC.

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

☒ Walk in

☒ Pick up time

2:00

☒ Certified Copy

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☐ Will wait

☐ Photocopy

☐ Certificate of Status

## NEW FILINGS

- ☒ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

## OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

## AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

## REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 28, 2007

LAZARUS

SUBJECT: CNC MORTGAGE INC,  
Ref. Number: W07000010103

We have received your document for CNC MORTGAGE INC, and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White  
Document Specialist  
New Filing Section

Letter Number: 707A00014429

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07 FEB -9 PM 4:37  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FROM : LAZARUS

FAX NO. : 3052201440

Feb. 26 2007 11:19AM P1

2007 MAR -9 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I - NAME

The name of the corporation shall be:

CNC Mortgage Group Inc.

### ARTICLE II - PRINCIPAL OFFICE

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

870 Bald Eagle Drive  
STE. B1  
Marco Island FL 34145

### ARTICLE III - SHARES

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

100

### ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Rafael Cabrera  
870 Bald Eagle Drive  
STE B1  
Marco Island FL 34145

The undersigned incorporator has executed these Articles of  
Incorporation this 26 day of February 2007

Rafael Cabrera  
Signature

ARTICLE VI- DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles of  
Incorporation is (are):

Rafael Cabrera (P)  
876 Bald Eagle Dr  
# B1  
Marco Island Fl 34145

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the  
above stated corporation at 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 related to the proper and  
complete performance of my duties, and I am familiar with and accept the  
obligations of my position as Registered Agent.

Rafael Cabrera  
Registered Agent Signature

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SECRETARY OF STATE  
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