

707 0000 58196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

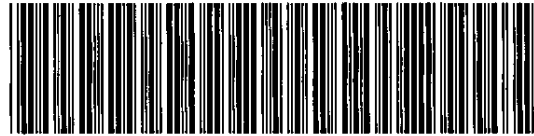
(Business Entity Name)

(Document Number)

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

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05/16/07--01003--013 \*\*87.50

RECEIVED  
07 MAY 15 PM 4:49  
DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2007 MAY 15 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers MAY 16 2007

FLORIDA COMPLIANCE SPECIALISTS, INC.

DAVE TAYLOR, PRESIDENT

2333 Hansen Lane, Suite 3  
Tallahassee, Florida 32301  
Voice: (850)942-5464 Fax: (850)942-5111  
dave@floridacompliance.com  
www.floridacompliance.com

Office Use Only

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

1. ISLAND Point Mortgage INC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 5/16/07 ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☒ Certificate of Secretary of State

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Examiner's Initials

**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:

ISLAND POINT MORTGAGE, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

490 SAIL LANE #305  
MERRITT ISLAND, FL. 32953

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ORIGINATE MORTGAGE LOANS

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

JOSEPH M. MITCHEM - PRESIDENT

**ARTICLE VI REGISTERED AGENT**

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

JOSEPH M. MITCHEM  
490 SAIL LANE #305  
MERRITT ISLAND, FL. 32953


**ARTICLE VII INCORPORATOR**

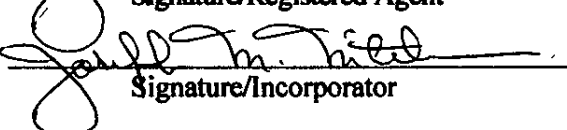
The name and address of the Incorporator is:

JOSEPH M. MITCHEM  
490 SAIL LANE #305  
MERRITT ISLAND, FL. 32953

\*\*\*\*\*

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

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

5-7-07  
\_\_\_\_\_  
Date

5-7-07  
\_\_\_\_\_  
Date

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