

PO7000066866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

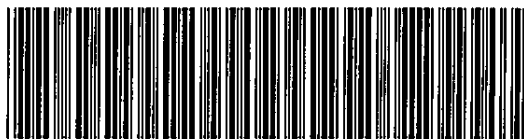
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/06/07--01019--001 **78.75

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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: All Florida Reverse Mortgages, 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: Cynthia J. Merrifield
Name (Printed or typed)

1225-E Florida Avenue South
Address

Rockledge, FL 32955
City, State & Zip

(321) 633-0868
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:

All Florida Reverse Mortgages, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1225-E Florida Avenue South
Rockledge, FL 32955

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To reserve the name of All Florida Reverse Mortgages, Inc. for our use only, in order to conduct a reverse mortgage business.

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):

Cynthia J. Merrifield
935 Levitt Parkway
Rockledge, FL 32955
President

Elizabeth Burdick
1905 Crystal Court #142
Rockledge, FL 32955
Vice President

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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


Cynthia J. Merrifield
935 Levitt Parkway
Rockledge, FL 32955

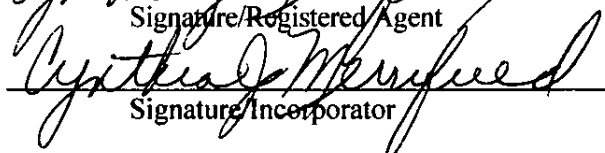
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

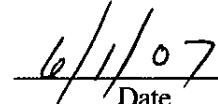
Cynthia J. Merrifield
935 Levitt Parkway
Rockledge, FL 32955

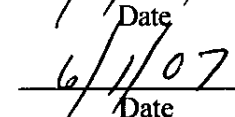
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent


Signature/Incorporator



Date


Date