

P07000069983

(Requestor's Name)

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☐ PICK-UP

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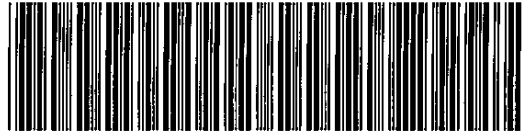
(Business Entity Name)

(Document Number)

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2007 JUN 15 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

007-24828

## COVER LETTER

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

**SUBJECT:** COUNTY TRUST HOME LOANS CORP  
(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:** ELSA MARIA CHOMAT  
Name (Printed or typed)

11430 N. KENDALL DRIVE, SUITE 300  
Address

MIAMI, FLORIDA 33176  
City, State & Zip

(305) 775-8899 (305) 279-4445, ext 2119  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 23, 2007

ELSA MARIA CHOMAT  
11430 N KENDALL DR  
STE 300  
MIAMI, FL 33176

SUBJECT: COUNTY TRUST HOME LOANS CORP.  
Ref. Number: W07000024822

We have received your document for COUNTY TRUST HOME LOANS CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6855.

Tammy Hampton  
Document Specialist  
New Filing Section

Letter Number: 907A00035831

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DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA  
JUN 11 2007

RECEIVED  
07 JUN -5 AM 9:56



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 5, 2007

ELSA MARIA CHOMAT  
11430 N KENDALL DR  
STE 300  
MIAMI, FL 33176

SUBJECT: COUNTY TRUST HOME LOANS CORP.  
Ref. Number: W07000024822

RECEIVED  
07 JUN 15 AM 10:19  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for COUNTY TRUST HOME LOANS CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must state the number of shares of authorized stock.

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) 245-6855.

Tammy Hampton  
Document Specialist  
New Filing Section

Letter Number: 207A00038413

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

2007 JUN 15 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

COUNTY TRUST HOME LOANS CORP.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

11430 N. KENDALL DRIVE, SUITE 300  
MIAMI, FLORIDA 33176

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

RESIDENTIAL LENDING

**ARTICLE IV SHARES**

The number of shares of stock is:

100 hundred (one hundred) <sup>see</sup>

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

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

ELSA MARIA CHOMAT, PRESIDENT  
11430 N. KENDALL DRIVE, SUITE 300  
MIAMI, FLORIDA 33176

**ARTICLE VI REGISTERED AGENT**

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

ELSA MARIA CHOMAT

11430 N. KENDALL DR., #300  
MIAMI, FL 33176

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ELSA MARIA CHOMAT

11430 N. KENDALL DR., #300  
MIAMI, FL 33176

\*\*\*\*\*  
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

Elsa Maria Chomat  
Signature/Registered Agent

5-16-07

Date

Elsa Maria Chomat  
Signature/Incorporator

5-16-07

Date