

P01000109590

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

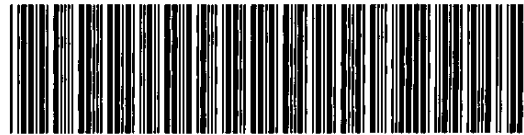
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W07-47226



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 OCT -4 PM 4:02

10/4/07

**COVER LETTER**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 OCT -4 PM 4:02

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

**SUBJECT: SERVICING BROWARD 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: Manuel Del Castillo**

Name (Printed or typed)

189 Lakeview Dr #203

Address

Weston, FL 33326

City, State & Zip

954-661-4265

Daytime Telephone number

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



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DIVISION OF CORPORATIONS

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 24, 2007

MANUEL DEL CASTILLO  
189 LAKEVIEW DRIVE #203  
WESTON, FL 33326

SUBJECT: SERVICING BROWARD INC.  
Ref. Number: W07000047226

We have received your document for SERVICING BROWARD INC. 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.

Please list the street address of each officer/director.

Please return the corrected 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) 245-6973.

Claretha Golden  
Document Specialist  
New Filing Section

Letter Number: 107A00055965

## 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:

SERVICING BROWARD INC.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

189 LAKEVIEW DR #203 WESTON, FL 33326

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

MARKETING

### **ARTICLE IV SHARES**

The number of shares of stock is:

100 @ \$1.00

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

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

MANUEL DEL CASTILLO (PRESIDENT)

### **ARTICLE VI REGISTERED AGENT**

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

MANUEL DEL CASTILLO 189 LAKEVIEW DR #203 WESTON FL 33326

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MANUEL DEL CASTILLO 189 LAKEVIEW DR #203 WESTON FL 33326

\*\*\*\*\*  
*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

SEPT 19, 2007

\_\_\_\_\_  
Date

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

SEPT 19, 2007

\_\_\_\_\_  
Date

Manuel Jaime Del Castillo