## PO7060115463

(Red	questor's Name)	
(Add	tress)	
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(City	/State/Zip/Phon	ne #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	ument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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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:	ouse Lenders -	INC.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status
FROM:	LINDA Cre		
	5319 SW	38 " PL.	
	Cape Cora	1 FL 339	114
	•	2.5103	
	18,250	C. 2103	

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

Daytime Telephone number

## 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:

House Lenders INC.

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## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5319 SW 28th PL., Cape Coral FL. 33914

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Mortgage Brokerage: Business engaging in business permitted under the Laws of the state of Florida in the U.S.

## ARTICLE IV SHARES

The number of shares of stock is: \oo

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

LINDA Creps (President) (Director)
5319 SW 28th PL
Cape Coral FL 33914
100% ownership

The <u>name and Florida street address</u> (P.O. Box <b>NOT</b> acceptable) of the registered agent is:		
LINDA Creps 5319 SW 28 PL., Cape Coral FL 33914		
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:		
LINOA Creps 5319 SW 28 PL, Cape Coral FL 33914		
*****************		
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 any accept the appointment as registered agent and agree to act in this capacity		
Signature/Registered Agent)  Date		
ignature/Incorporator		

REGISTERED AGENT

ARTICLE VI

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SLUMEIARY OF STATE TALLAHASSEE, FLORIDA

**C**: