

P07000120664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

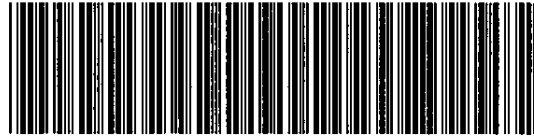
(Document Number)

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Special Instructions to Filing Officer:

~~W07 53110~~

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07 NOV -6 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 26, 2007

MARY BRADLEY
854 SHORE LINE CIRCLE
PORT VEDRA, FL 32082

SUBJECT: ATLANTIC FINANCIAL SERVICES INC.
Ref. Number: W07000053110

We have received your document for ATLANTIC FINANCIAL SERVICES INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P01000067610 - ATLANTIC FINANCIAL SERVICES, INC..

An effective date may be added to the Articles of Incorporation if a 2008 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

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) 245-6934.

Loria Poole
Regulatory Specialist II
New Filing Section

Letter Number: 307A00063013

COVER LETTER

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

SUBJECT: Atlantic Lending Services, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Mary Bradley
Name (Printed or typed)

5944 Church Hill Way
Address

Medina Ohio 44256
City, State & Zip

330-241-5153
Daytime Telephone number

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

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

Atlantic Lending Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5944 Churchill Way Medley On 44256

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Mortgage broker business

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

100

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

*Mary Bradley
854 Shore Line Circle
Ponte Vedra Beach, FL 32082*

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TALLAHASSEE, FLORIDA

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

*Mary Bradley
854 Shore Line Circle
Ponte Vedra Beach, FL 32082*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Mary Bradley
854 Shore Line Circle
Ponte Vedra Beach, FL 32082*

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.

Mary Bradley

Signature/Registered Agent

11/6/07

Date

Mary Bradley

Signature/Incorporator

11/06/07

Date