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(Re	equestor's Name)	
(Address)		
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
		MAIL
(Business Entity Name)		
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
Office Use Only		



01/28/08--01002--006 **75.00

DIVISION OF CORPORATIONS 08 JAN 25 AM 9:07

COVER LETTER

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

SUBJECT: Foreclosure Defense 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	🗖 \$87.50
Filing Fee	Filing Fee
& Certified Copy	Certified
	& Certific
	Status

ing Fee, tified Copy Certificate of Status ADDITIONAL COPY REQUIRED

JUISION OF CORPORATIONS

08 JAN 25 AH 8: 00

RE

m

FROM: Brian K. Korte

Name (Printed or typed)

1200 Corporate Center Way, Suite 200

Address

Wellington, FL 33414

City, State & Zip

561-327-7770

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:

Foreclosure Defense Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1200 Corporate Center Way, Suite 200 Wellington, FL 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Marketing Company

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):

Brian K. Korte, President 1200 Corporate Center Way, Suite 200 Wellington, FL 33414

ARTICLE VI REGISTERED AGENT

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

Brian K. Korte 1200 Corporate Center Way, Suite 200 Wellington, FL 33414

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Brian K. Korte 1200 Corporate Center Way, Suite 200 Wellington, FL 33414

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

gnature/Registered Agent

Date

JAN

AM 9:

Signature/Incorporator