

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : COMPLIANCE CONSULTING CORPORATION OF FLORIDA
Account Number : I20010000135
Phone : (561) 586-3645
Fax Number : (561) 586-6335

MAR 18 2008
D.A. WHITE

FLORIDA PROFIT/NON PROFIT CORPORATION

Palm Mortgage Company of Orange Park, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION

The undersigned Incorporator, for the purpose of forming a corporation under the Florida Business Corporation act, hereby adopts the following Articles of Incorporation.

ARTICLE I. NAME

The name of the corporation shall be:

Palm Mortgage Company of Orange Park, Inc.

ARTICLE II. PRINCIPLE OFFICE

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

794 Fox Ridge Center Drive, Suite 112
Orange Park, FL 32065

ARTICLE III. SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

ARTICLE IV. INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida Street address of the initial registered agent is:

Jimmy E Carroll
794 Fox Ridge Center Drive, Suite 112
Orange Park, FL 32065

ARTICLE V. INITIAL DIRECTORS NAMES AND ADDRESSES

Jimmy E Carroll, President
794 Fox Ridge Center Drive, Suite 112
Orange Park, FL 32065

Shirley L Carroll, Vice President
794 Fox Ridge Center Drive, Suite 112
Orange Park, FL 32065

ARTICLE VI. INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation is:

Jimmy E Carroll
794 Fox Ridge Center Drive, Suite 112
Orange Park, FL 32065

X 
Signature/Incorporator

3/14/08
Date

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ARTICLES OF INCORPORATION

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

X  _____
Signature/Incorporator
3/14/08
Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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