

PO8000065254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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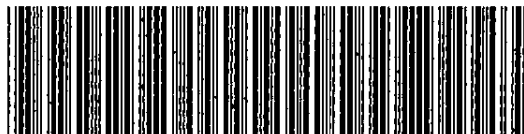
(Business Entity Name)

(Document Number)

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2008 JUL -9 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 JUL 09 10:58 AM

COVER LETTER

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

SUBJECT: Loss Mitigation Services of Tampa

(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: Donna O'Hare

Name (Printed or typed)

825 Symphony Isles Blvd

Address

Apollo Beach, Florida 33572

City, State & Zip

813-641-7286

Daytime Telephone number

2008 JUL -9 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

Loss Mitigation Services of Tampa, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

825 Symphony Isles Blvd. Apollo Beach, Florida 33572

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide loss mitigation services in real estate transactions and short sales

ARTICLE IV SHARES

The number of shares of stock is:

1000 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Donna O'Hare 825 Symphony Isles Blvd Apollo Beach, Florida 33572

ARTICLE VI REGISTERED AGENT

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

Donna O'Hare 825 Symphony Isles Blvd
Apollo Beach, FL 33572

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Donna O'Hare 825 Symphony Isles Blvd Apollo Beach Florida 33572

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

Donna W. O'Hare

Signature/Incorporator /Registered Agent

Date

7/7/08

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 JUL -9 PM 4:04

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