

PO 9000041815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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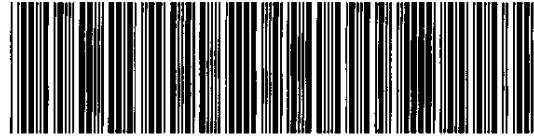
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2009 MAY 11 A 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5-13-09
m

COVER LETTER

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

SUBJECT: _____

FLORIDA MORTGAGE FINANCING COMPANY
(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: _____

ALONZO T. WASHINGTON
Name (Printed or typed)

601 NW 203 TERRACE
Address

PEMBROKE PINES, FL. 33029
City, State & Zip

954-214-2691
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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:

FLORIDA MORTGAGE FINANCING COMPANY

ARTICLE II PRINCIPAL OFFICE

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

*601 NW 203 TERRACE
PEMBROKE PINES, FL. 33029*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *TO DELIVER MORTGAGE FINANCING
RELATED SERVICES FOR A FEE*

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):

*PRESIDENT: ALONZO T. WASHINGTON
601 NW 203 TERRACE
PEMBROKE PINES, FL. 33029*

ARTICLE VI REGISTERED AGENT

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

*ALONZO T. WASHINGTON
601 NW 203 TERRACE
PEMBROKE PINES, FL. 33029*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 MAY 11 A 8:06

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*ALONZO T. WASHINGTON
601 NW 203 TERRACE
PEMBROKE PINES, FL 33029*

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



Signature Incorporator

5-5-09

Date

5-5-09

Date