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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3-30-10 CH

## COVER LETTER

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

SUBJECT: Stateside Processing, Inc.  
(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: Stateside Processing Inc  
Name (Printed or typed)

1883 OAK PARK DRIVE S.  
Address

Clearwater FL 33764  
City, State & Zip

727-686-5330  
Daytime Telephone number

& esclaydon@hotmail.com  
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:

Stateside Processing, Inc.

## ARTICLE II PRINCIPAL OFFICE

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

1883 Oakpark Dr. S.  
Clearwater FL 33764

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Mortgage Loan Processing

## ARTICLE IV SHARES

The number of shares of stock is:

1000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Emily Claydon 1883 Oak Park Dr. S. Clw, FL 33764 Pres/Treas.  
PAMELA Wiegand 1957 Sevre Dr. Clw, FL 33764 VP/Sec

## ARTICLE VI REGISTERED AGENT

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

Emily Claydon  
1883 Oak Park Dr. S.  
Clearwater FL 33764

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Emily Claydon  
1883 Oak Park Dr. S.  
Clearwater FL 33764

\*\*\*\*\*

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

Emily Claydon

Signature/Registered Agent

Emily Claydon

Signature/Incorporator

3/26/10

Date

3/26/10

Date

FILED  
10 MAR 29 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA