

P100000 31752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

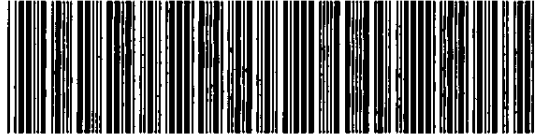
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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FILED

2010 APR 12 P 4: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 13 2010  
D. A. WHITE

## COVER LETTER

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

**SUBJECT:** Salt Life Mortgage 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Joel Gaylord

Name (Printed or typed)

6969 Robert F. Kennedy Circle, Suite 100

Address

Jacksonville, FL 32209

City, State & Zip

904-233-9566

Daytime Telephone number

jgaylordj@netscape.net

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:

Salt Life Mortgage Inc

## **ARTICLE II PRINCIPAL OFFICE**

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

6969 Robert F. Kennedy Circle, Suite 100

Jacksonville, FL 32209

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business

## **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):

Joel Gaylord      6501 Arlington      President  
Expressway, B-160,  
Jacksonville, FL  
32211

## **ARTICLE VI REGISTERED AGENT**

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

Joel Gaylord

6969 Robert F. Kennedy Circle, Suite 100

Jacksonville, FL 32209

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

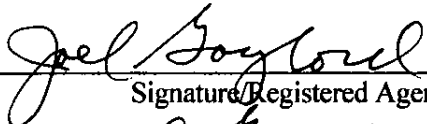
Joel Gaylord

6969 Robert F. Kennedy Circle, Suite 100

Jacksonville, FL 32211

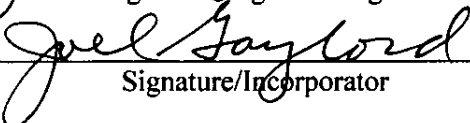
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

04/08/2010

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

04/08/2010

\_\_\_\_\_  
Date

**FILED**

2010 APR 12 P 4: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA