

P10000098894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

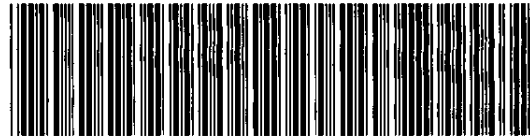
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Blen Stewart GAVE
AUTHORIZATION BY PHONE TO
CORRECT Article IV
DATE 12/7/10
DOC. EXAM M.R.D.

Office Use Only



500188241805

12/06/10--01044--020 **87.50

FILED
10 DEC -6 PM 3:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
12/7

COVER LETTER

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

SUBJECT: **STEWART CAPITAL 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 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: **GLEN STEWART**
Name (Printed or typed)

2094 THE OAKS BLVD
Address

KISSIMMEE, FLORIDA 34746
City, State & Zip

407-283-8970
Daytime Telephone number

SCMLOAN@AOL.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 STEWART CAPITAL MORTGAGE, INC

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
2094 THE OAKS BLVD
KISSIMMEE, FLORIDA 34746

Mailing address, if different is:

PO Box 770455
ORLANDO, FLORIDA 32877-0455

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ORIGINATION OF HOME MORTGAGE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GLEN STEWART PRESIDENT
Address: P.O BOX 770455
ORLANDO, FLORIDA 32877-0455

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: GLEN STEWART
Address: 2094 THE OAKS BLVD
KISSIMMEE, FLORIDA 34746

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GLEN STEWART
Address: PO BOX 770455
ORLANDO, FL 32877-0455

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



Required Signature/Registered Agent

NOV 30, 2010
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

NOV 30, 2010
Date

FILED
10 DEC -6 PM 3:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA