

# P11000062683

Florida Department of State  
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FLORIDA PROFIT/NON PROFIT CORPORATION

Servicing Insurance, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

MRD 7/12

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA 32366

**ARTICLES OF INCORPORATION**

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

**ARTICLE I NAME**

The name of the corporation shall be:

**Servicing Insurance, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

2630 SW Merrick Street  
Port St. Lucie, FL 34953

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

**200 Shares at No Par Value**

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Sonia Parente  
2630 SW Merrick Street  
Port St. Lucie, FL 34953

*Prepared By:*  
Bruce B. Hubbard  
77 East John St.  
Hicksville, New York 11801  
1-516-935-3940

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**ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)**

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Sonia Parente - President/Director  
2630 SW Merrick Street, Port St. Lucie, FL 34953

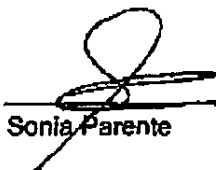
**ARTICLES VI INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Sonia Parente  
2630 SW Merrick Street, Port St. Lucie, FL 34953

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

5th day of July 20 11



Sonia Parente

- Signature

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE  
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE ST ATE OF  
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE  
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Servicing Insurance, Inc.

2. The name and address of the registered agent and office is:

Sonia Parente  
Name

2830 SW Merrick Street  
(P.O. Box or Mail Drop Box NOT Acceptable)

Port St. Lucie, FL 34953  
(City / State / Zip)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.*

  
\_\_\_\_\_  
Sonia Parente  
SIGNATURE

07/05/2011  
(Date)

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