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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| operation actions to 1 ming officer. |
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COVER LETTER

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

| SUBJECT: Lender's Choice Proce | ssing, Inc. |
|--|--|
| (PROPOSED CORPORA | TE NAME – <u>MUST INCLUDE SUFFIX</u>) |
| Enclosed are an original and one (1) copy of the arti | cles of incorporation and a check for: |
| \$70.00 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED |
| FROм: Kathie Zwiebel | · |
| Name | (Printed or typed) |
| 1315 Lester Dr | Address |
| Lady Lake, FL 32159 City, | State & Zip |
| (352) 205-9207 Daytime To | elephone number |
| lenderschoiceprocessing E-mail address: (to be used | ©comcast.net |

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 II | DDINCIDAL OFFICE | | | | | |
|---------------------|---|---|-----------------------------------|--|-------------|---|
| AKTICLE II | PRINCIPAL OFFICE Principal street address | Mailina addr | Mailing address, if different is: | | | |
| * • | 1315 Lester Dr | Walning actu | 635, 11 dillore | 11 15. | | |
| • | Lady Lake, FL 32159 | | | | | |
| | | - | | | K 3 | - |
| ARTICLE III | PURPOSE | | 1 | | | |
| | which the corporation is organized is: | | | | 3 | |
| Licensed C | ontract Mortgage Processing | | | | | 7 |
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| ARTICLE IV | | | t | 見刊 | 2 | |
| The number of s | hares of stock is:100 | | | ٠٠١٠٠ | 4- | |
| ARTICLE V | INITIAL OFFICERS AND/OR DIRE | CTORS | | | | |
| Name and | Title:Kathie Zwiebel - President | Name and Title: | | | | |
| Address: | 1315 Lester Dr | Address: | | | | |
| | Lady Lake, FL 32159 | | | | | |
| | | | | ···· | | |
| Name and | Title: | Name and Title: | | | | |
| Address: | | Addroca | | | | |
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| Name and | Title: | Name and Title: | | | | |
| Address: | | A 3.1 | | | | |
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| | | | | | | |
| ARTICLE VI | REGISTERED AGENT | | | | | |
| | lorida street address (P.O. Box NOT accept | , C | | | | |
| Name: | Kathie Zwiebel | | | | | |
| Address: | 1315 Lester Dr | | | | | |
| *** | Lady Lake, FL 32159 | | | | | |
| ARTICLE VII | | | | | | |
| | ddress of the Incorporator is: | | | | | |
| Name: Address: | Kathie Zwiebel | | | | | |
| Audress. | 1315 Lester Dr Lady Lake, FL 32159 | | | | | |
| | Lady Lake, IL 02 105 | | | | | |
| Having been na | med as registered agent to accept service of | process for the above stated corporat | ion at the pla | ice desigr | iated i | n |
| this certificate, I | am familiar with and accept the appointmen | t as registered agent and agree to act it | n this capacit | V | | |
| Miller | Y Mulliel | | 44/04/00 | | | |
| parque | or journey | | 11/01/20 | | | |
| | Required Signature/Registered Age | ent | I | Date | | |
| I submit this do | cument and affirm that the facts stated her | ein are true. I am aware that the fals | se informatio | n submiti | ed in | a |
| document to the | Department of State constitutes a third degre | e felony as provided for in s.817.155, i | F.S. | | | |
| VAII. | Q = Q = Q | | | | | |
| puny | i, juille | | 11/01/20 |)11 | | |
| | Required Signature/Incorporato | _ | | Date | | |