

P2000069695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

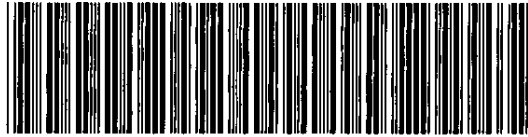
WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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08/13/12--01037--014 **70.00

Special Instructions to Filing Officer
Gynthia Delaparte
...
... IV, VI VII - address
DS

Office Use Only

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 13 PM 2:25

Ps specific

COVER LETTER

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

SUBJECT: Sunset 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: Cynthia J. Delaparte
Name (Printed or typed)

37
1678 Race Track Rd. Suite 116
Address

St Johns FL 32259
City, State & Zip

904-436-6219
Daytime Telephone number

cdelaparte@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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME Sunset Capital Mortgage, Inc.
The name of the corporation shall be:

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ARTICLE II PRINCIPAL OFFICE
Principal street address
6701 Democracy Blvd. Suite 300
Bethesda, MD 20817

Mailing address, if different is:
1637 Race Track Rd. Suite 116
St. Johns FL 32259

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:1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alan L. Speck, D Name and Title: _____
Address: 6701 Democracy Blvd. Suite 300 Address: _____
Bethesda, MD 20817

Name and Title: Jeffrey S. Betros, D Name and Title: _____
Address: 1637 Race Track Suite 116 Address: _____
St Johns, FL 32259

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Cynthia J Delaparte
Address: 1637 Race Track Rd. Suite 116
St. Johns FL 32259

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jeffrey S. Betros
Address: 1637 Race Track Rd. Suite 116
St Johns FL 32259

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

Cynthia J Delaparte Required Signature/Registered Agent 08/10/12 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.

Jeffrey S. Betros Required Signature/Incorporator 08/10/12 Date