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(Address)

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COVER LETTER

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

SUBJECT: STEWART CAPITAL LENDING, 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 A. STEWART
Name (Printed or typed)

PO BOX 770455
Address

ORLANDO, FLORIDA 32877
City, State & Zip

407-283-8970
Daytime Telephone number

OUTREACHUSA1@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
The name of the corporation shall be: STEWART CAPITAL LENDING, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

111 E. MONUMENT AVE SUITE 338
KISSIMMEE, FLORIDA 34741

Mailing address, if different is:

PO BOX 770455
ORLANDO, FLORIDA 32877

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: MORTGAGE LOAN LENDING

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ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GLEN A. STEWART / CHAIRMAN
Address: 111 E. MONUMENT AVE SUITE 338
KISSIMMEE, FLORIDA 34741

Name and Title:
Address:

Name and Title: WENDY FARMER/ PRESIDENT
Address: 111 E. MONUMENT AVE SUITE 338
KISSIMMEE, FLORIDA 34741

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

(conti.)

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: GLEN A. STEWART

Address: 111 E. MONUMENT AVE SUITE 338

KISSIMMEE, FLORIDA 34741

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: GLEN A. STEWART

Address: 111 E. MONUMENT AVE SUITE 338

KISSIMMEE, FLORIDA 34741

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

_____ 02/18/13

Required Signature/Registered Agent 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.

_____ 02/18/13

Required Signature/Incorporator Date