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SECRETARY OF STATE
TALLAHASSEE, FL 32374

T. Burch MAR 11 2013

COVER LETTER

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

SUBJECT: **Choice 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: **D. DIANE MODRCIN**

Name (Printed or typed)

3609 WILDERNESS BLVD W

Address

PARRISH, FL 34219

City, State & Zip

727-504-4616

Daytime Telephone number

DMODRCIN@GMAIL.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: CHOICE LENDING INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3609 WILDERNESS BLVD W

PARRISH, FL 34219

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ORIGINATION, PROCESSING AND/OR SERVICING
OF RESIDENTIAL MORTGAGE LOANS INCLUDING MARINE VESSEL LOANS

ARTICLE IV SHARES

The number of shares of stock is: 125

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: D. DIANE MODRCIN

Address: 3609 WILDERNESS BLVD W

PARRISH, FL 34219

Name and Title: PRESIDENT

Address: 3609 WILDERNESS BLVD W

PARRISH, FL

Name and Title: D. DIANE MODRCIN

Address: 3609 WILDERNESS BLVD W

PARRISH, FL 34219

Name and Title: SECRETARY/TREASURER

Address: 3609 WILDERNESS BLVD W

PARRISH, FL 34219

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FL

(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: D. DIANE MODRCIN
Address: 3609 WILDERNESS BLVD W
PARRISH, FL 34219

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: D. DIANE MODRCIN
Address: 3609 WILDERNESS BLVD W
PARRISH, FL 34219

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

D. Diane Modrcin
Required Signature/Registered Agent

3/5/2013

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.

D. Diane Modrcin
Required Signature/Incorporator

3/5/2013

Date