

P14000000357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT☐ MAIL

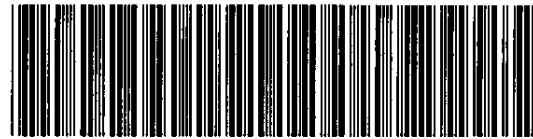
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

**Special Instructions to Filing Officer:**

Office Use Only



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12/30/13--01030--025 \*\*70.00

13 DEC 30 AM 9:14  
DEPT. OF STATE  
WASHINGTON, FLORIDA

WMD 1/3

## COVER LETTER

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

**SUBJECT:** Heritage Mortgage & Financial Services, 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

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Susan Y MacDonald  
Name (Printed or typed)  
11125 Park Blvd. 104-325  
Address  
Seminole, FL 33772  
City, State & Zip  
813-215-1535  
Daytime Telephone number  
susany0102@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: Heritage Mortgage & Financial Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8003 Bardmoor PI 104

Seminole, FL 33777

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: FEI# 593568800

Provide financial services: [REDACTED], business consulting, and accounting.

*sym*

**ARTICLE IV SHARES** 1

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Susan Y MacDonald, CEO/COO

Name and Title: \_\_\_\_\_

Address 8003 Bardmoor PI 104  
Seminole, FL 33777

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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: Susan Y MacDonald

Address: 8003 Bardmoor PI 104

Seminole, FL 33777

**ARTICLE VII INCORPORATOR**

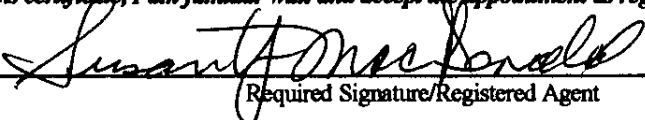
The name and address of the Incorporator is:

Name: Susan Y MacDonald

Address: 8003 Bardmoor PI 104

Seminole, FL 33777

*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*

  
Required Signature/Registered Agent

12/23/13  
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.*

  
Required Signature/Incorporator

12/23/13  
Date

FILED  
13 DEC 30 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA