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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

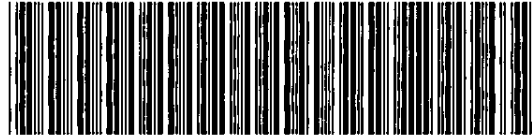
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15  
2/17/15

## COVER LETTER

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

SUBJECT: **AR1 INFINITY MORTGAGES, 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: **ANN-MARIE RICHARDS**

Name (Printed or typed)

**2463 E. COMMERCIAL BLVD**

Address

**FORT LAUDERDALE, FL 33308**

City, State & Zip

**954-658-5911**

Daytime Telephone number

**ANNJRICH@GMAIL.COM**

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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TALLAHASSEE, FL 32314

**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: **AR1 INFINITY MORTGAGES, INC**

**ARTICLE II    PRINCIPAL OFFICE**  
Principal street address  
**2463 E. COMMERCIAL BLVD**  
**FORT LAUDERDALE, FL 33308**

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**15 FEB 12 PM 2:59**  
Mailing address, if different is:  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**ARTICLE III    PURPOSE**  
The purpose for which the corporation is organized is: **MORTGAGE ORIGATION**

**ARTICLE IV    SHARES**  
The number of shares of stock is: **1,000**

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

Name and Title: **ANN-MARIE RICHARDS**  
Address: **DIRECTOR**  
**2463 E. COMMERCIAL BLVD**  
**FORT LAUDERDALE FL 33308**

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

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

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

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

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:

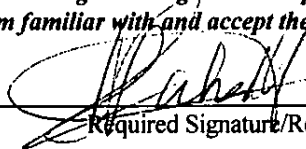
Name: ANN-MARIE RICHARDS  
Address: 6542 SW 8TH COURT  
N. LAUDERDALE, FL 33068

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ANN-MARIE RICHARDS  
Address: 6542 SW 8TH COURT  
N. LAUDERDALE, FL 33068

*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*

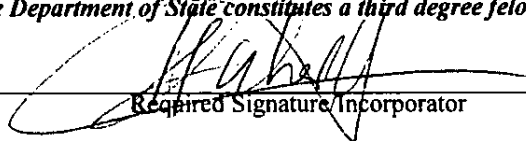


\_\_\_\_\_  
Required Signature/Registered Agent

02/09/2015

\_\_\_\_\_  
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

02/09/2015

\_\_\_\_\_  
Date

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