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(Re	questor's Name)		
(Ad	dress)		
	dress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
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SECRETARY OF STATE
TALLSHADORES TABLE

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## **COVER LETTER**

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

SUBJECT: Florida Mortgaje Services, Inc					
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SÚFFIX)		
Enclosed are an orig	ginal and one (1) copy of the arti	icles of incorporation and	i 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 CO	PY REQUIRED		
FROM: Donny Tean Orocker  Name (Printed or typed)  2703 Forest Club DRIVE  Address  Plant City, State & Zip  City, State & Zip					\$ 50 A8%124038.
	8/3 - 7 C Daytime To	3-6662 elephone number	·	2: 39	TATE
_(	Jonna ean S E-mail address: (to be used	tam paba  I for future annual report n	y.rr.com		

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)

The name of the corporation shall be: Florida Mo	rtgaje Services li
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
2703 Forest Club De Plant City FT 33566	same
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	ase Services
	16 TAL
ARTICLE IV SHARES The number of shares of stock is: 100	HAR 30 P
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	PH 2::
Name and Title: Donng Jean Crocker Name and Address 2703 Forest (lub maddress:	Title: 39 RIDA
PIANT City, FI. 33566	
Name and Title: Don row Jan Crucker VP Name and	Title:
Address 2703 Forest (106 De Address:	
33566	
Name and Title: Do no a lan Creeter Name and	Title:
Address Soc / Treats Address:	
DIANT (1) L FT.	
3,3566	· · · · · · · · · · · · · · · · · · ·

Name and Title:	Name and Title:	
Address	Address:	
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NOT acceptal	•	
Name: Donna Jean Cra	ocker_	
Address: 2703 Forest (PlANT CHy, F1.	33566	SECRES
ARTICLE VII INCORPORATOR	30 P	
The name and address of the Incorporator is:	N	~; C)
Name: Donna Jean C	rocker	
Address: 2703 ForeST	Club De, 71. 33566	シー
days after the filing.)	cannot be more than five business days prior or 90 business icable statutory filing requirements, this date will not be listed as	š
this certificate, I am familiar with and accept the appointment  Required Signature/Registered Agen	Date  In are true. I am aware that the false information submitted in	-
Required Signature Incorporator  Donna Jean Crock	1 - /1/	-

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