

P/B 000100255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

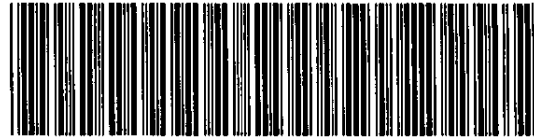
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800293301178

12/21/16--01012--008 **70.00

16 DEC 21 PM 3:40

M. MOON
DEC 21 2016

COVER LETTER

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

SUBJECT: IMH Assets Corp
(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: Monica Mora
Name (Printed or typed)

424 E. Central Blvd. Apt. 521,
Address

Orlando, Florida, 32801
City, State & Zip

407-692 8158
Daytime Telephone number

IMHAssetsCorp@gmail.com
E-mail address: (to be used for future annual report notification)

16 DEC 21 PM 3:40

FILED
STATE
CORPORATION

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: IMH Assets Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address: 424 E. Central Blvd.,
Apt. 521, Orlando, FL 32801
Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To acquire Financial Instruments,

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Monica More President, Vice</u>	Name and Title:	_____
Address:	<u>President, Treasurer, and Secretary.</u>	Address:	_____
	<u>424 E. Central Blvd.,</u>		_____
	<u>Apt. 521, Orlando,</u>		_____
	<u>FL 32801</u>		_____
Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____
Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____

16 DEC 21 PM 3:41

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

16 DEC 21 PM 3:41

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Monica Mora
Address: 424 E. Central Blvd.
Apt. 521, Orlando, FL 32801

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Monica Mora
Address: 424 E Central Blvd.
Apt. 521, Orlando, FL 32801

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

[Signature]
Required Signature/Registered Agent

12/15/2016
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.

[Signature]
Required Signature/Incorporator

12/15/2016
Date