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DATE: 11-22-19

NAME: U.S.NATIONAL MORTGAGE CORP.

TYPE OF FILING: ARTICLES OF INCORPORATION

COST: 78.75

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE OSSUE Hooke

COVER LETTER

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

SUBJECT: U.S. National Mortgage Corp

	(PROPOSED CORPORA	TE NAME – <u>MUST INCLU</u>	DE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	a check for:		
☐ \$70.00 Filing Fee	\$78.75	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
FROM:	srael Sputz	ne (Printed or typed)			
50	55 Collins Ave apt 10N	(2 · · · · · · · · · · · · · · · · · ·			
	Address				
Mi	ami Beach FL 33140				
_	City, State & Zip				
34	74636667				
	Daytime Telephone number				
ys	putz@outlook.com				
_	E-mail address: (to be us	sed for future annual repor	t 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)

RTICLE II PRINCIPAL OFFICE Principal street address			Mailing address, if different is:
055 Collins Ave apt 10N			
mi Beach FL 3	3140		
TICLE III PUI purpose for which	RPOSE th the corporation is organized is:	age Brokerage	
			SEL GIL
			<u> </u>
			1.4.
			r co
TICLE IV SH	ARES 10,000 s of stock is:		
number of share	s of stock is: TIAL OFFICERS AND/OR DIRECTOR Title:	Name and T	ide: Mendel Rubashkin
number of share	TIAL OFFICERS AND/OR DIRECTOR Yisrael Sputz President		Mendel Rubashkin
TICLE V IN	s of stock is: TIAL OFFICERS AND/OR DIRECTOR Title:	Name and T	itle: Mendel Rubashkin
number of share TICLE V IN Name and Address	TIAL OFFICERS AND/OR DIRECTOR Yisrael Sputz President 5055 Collins Ave apt 10N	Name and Ti	itle: Mendel Rubashkin CEO 5055 Collins Ave apt 10N Miami Beach FL 33140
Name and Address	TIAL OFFICERS AND/OR DIRECTOR Yisrael Sputz President 5055 Collins Ave apt 10N Miami Beach FL 33140	Name and T	itle: Mendel Rubashkin CEO 5055 Collins Ave apt 10N Miami Beach FL 33140
Name and T	TIAL OFFICERS AND/OR DIRECTOR Yisrael Sputz President 5055 Collins Ave apt 10N Miami Beach FL 33140	Name and Ti Address: Name and Ti Address: Address:	itle: Mendel Rubashkin CEO 5055 Collins Ave apt 10N Miami Beach FL 33140
Name and T	TIAL OFFICERS AND/OR DIRECTOR Yisrael Sputz President 5055 Collins Ave apt 10N Miami Beach FL 33140	Name and Ti	itle: Mendel Rubashkin CEO 5055 Collins Ave apt 10N Miami Beach FL 33140

Name and Title:		Name and Title:	
Address		Address:	
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	Registered Agents Inc.		
Address:	7901 4th St N, STE 300		
	St. Petersburg , FL 33702	<u> </u>	
ARTICLE VII	INCORPORATOR		
The name and	address of the Incorporator is:		
Name:	Yisrael Sputz		
Address:	5055 Collins Ave apt 10N	<u> </u>	
	Miami Beach FL 33140		
Effective date.	if other than the date of filing: date is listed, the date must be specific and c		
Note: If the dathe document's	ate inserted in this block does not meet the applicate effective date on the Department of State's reco	cable statutory filing requirements, this date will not be listed as ords.	
Having been n this certificate,	amed as registered agent to accept service of pr I am familiar with and accept the appointment of	ocess for the above stated corporation at the place designated in as registered agent and agree to act in this capacity	
Bu	Home	11/21/19	
	Required Signature/Registered Agent	Date	
l submit this d document to th	ocument and affirm that the facts stated herein e Department of State constitutes a third degree	are true. I am aware that the false information submitted in a felony as provided for in \$.817.155, F.S.	
	USA!!	11/21/19	
Rec	uired Signature/Incorporator	Date	

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