

P20000033166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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2020 MAR 13 PM 3:32  
SECURITY DATE  
TALLAHASSEE, FL 32302

U.S. 05 2020

A. Brumley

## COVER LETTER

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

SUBJECT: American Mortgage Solutions Inc, F14000001207

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

### FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

### OPTIONAL:

Certificate of Status \$ 8.75

American Mortgage Solutions Inc

Name (printed or typed)

3046 Del Prado Blvd, S Ste 1-B

Address

Cape Coral, FL 33904

City, State & Zip

502-327-9770

Daytime Telephone Number

Brady@LoanSolutionsNow.com

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

## CERTIFICATE OF DOMESTICATION

The undersigned, Brady Webb, President  
(Name) (Title)

of American Mortgage Solutions Inc a foreign corporation,  
(Corporation Name)

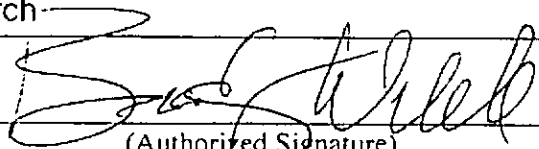
in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was June 4th, 1999.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Kentucky.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was American Mortgage Solutions Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is American Mortgage Solutions Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was NA.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Brady Webb, of American Mortgage Solutions, Inc

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done

so this the 2nd day of March, 2020

  
(Authorized Signature)

### Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
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TALLAHASSEE, FL  
SECRETARY OF STATE

## ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:

American Mortgage Solutions Inc.

## ARTICLE II    PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address

Mailing Address

3046 BIZ Suites, LLC

American Mortgage Solutions Inc

3046 Del Prado Blvd, S Ste 1-B

3046 BIZ Suites, LLC

Cape Coral, FL 33904

3046 Del Prado Blvd, S Ste 1-B

Cape Coral, FL 33904

### ARTICLE III PURPOSE

**THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:**

Any and all lawful business.

**ARTICLE IV    SHARES**

*THE NUMBER OF SHARES OF STOCK IS:*

1000

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

*THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:*

Title/Name

President, Brady Webb

3046 Del Prado Blvd, S Ste 1-B

Cape Coral, FL 33904

Title/Name

Title/Name

Secretary, Brady Webb

3046 Del Prado Blvd, S Ste 1-B

Cape Coral, FL 33904

Title/Name

Title/Name

Treasury, Brady Webb

3046 Del Prado Blvd, S Ste 1-B

Cape Coral, FL 33904

Title/Name

Title/Name

Vice President, Brady Webb

3046 Del Prado Blvd, S Ste 1-B

Cape Coral, FL 33904

Title/Name

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

*THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:*

Brady Webb

3046 Del Prado Blvd, S Ste 1-B

Cape Coral, FL 33904

**ARTICLE VII INCORPORATOR**

*THE NAME AND ADDRESS OF THE INCORPORATOR IS:*

Brady Webb

3410 SE 18th PL

Cape Coral, FL 33904

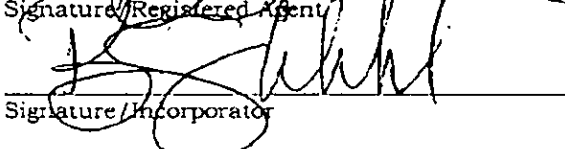
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**HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE  
STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND  
ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.**

  
Signature/Registered Agent

03/02/2020

Date

  
Signature/Incorporator

  
Date