

P21000022137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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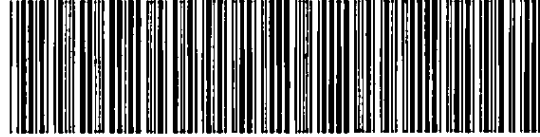
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JAN 15 PM 1:20

FBI

COVER LETTER

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

SUBJECT: Fund NOTES, 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: Myra Santiago
Name (Printed or typed)

P.O. Box 771623
Address

Orlando, FL 32877
City, State & Zip

855-496-0932
Daytime Telephone number

myra_inbox@yahoo.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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6-15-01

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: Fund NOTES, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1317 Edgewater Dr. Suite 824
Orlando, FL 32804

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide financial solutions to individuals and businesses and complete the task to provide services in the mortgage note purchase and other legally binding contracts for those that would like to liquidate their paper. also. business capital for growth.

ARTICLE IV SHARES

The number of shares of stock is: \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Myra Santiago. President Name and Title: _____

Address P.O. Box 771623 Address: _____
Orlando, FL 32877 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Kelly Miller
Address: 1317 Edgewater Dr.
Orlando, FL

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Myra Santiago
Address: P.O. Box 771623
Orlando, FL

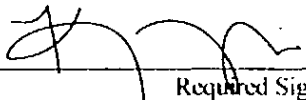
ARTICLE VIII EFFECTIVE DATE:

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

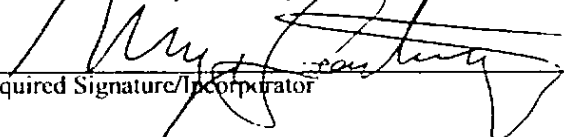
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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:

 01/10/2021
Required Signature/Registered Agent 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.

 01/10/2021
Required Signature/Incorporator Date