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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : VCORP SERVICES, LLC
Account Number : T20080000067
Phone : (845) 425-0077
Fax Number : (845) 818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2021 AUG 30 PM 12:16

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
Mortgages for Good, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

J DENNIS
AUG 31 2021

850-617-6381

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 27, 2021

VCORP SERVICES, LLC

SUBJECT: MORTGAGES FOR GOOD, INC.
REF: W21000117869

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The designation of the registered agent must be at a Florida street address.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

FAX Aud. #: H21000313695
Letter Number: 221A00020707

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME Mortgages for Good, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
7901 4th St N Ste 300 7901 4th St N Ste 300
Sanit Petersburg, FL 33702 Sanit Petersburg, FL 33702

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: any lawful activity

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christopher Perry, Pres., Dir. Name and Title:
Address: 351 Robert Morris Blvd. Apt. 102 Address:
Allentown, PA 18104

Name and Title: Matthew Robinson, Vice President Name and Title:
Address: 411 Courtfield Way Address:
Castle Pines, CO 80108

Name and Title: David Fullwood, Tres. Name and Title:
Address: 3 East Strathmore Address:
Kingston 8.
Jamaica

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: Northwest Registered Agent LLC
 Address: 7901 4th St N STE 300
St. Petersburg FL 33702

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Taylor Loyla
 Address: 25 Robert Pitt Drive, Suite 204
Monsey, NY 10952

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 abovestated 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

Tom Glove _____ 08/27/2021
 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.

[Signature] _____ 08/27/2021
 Required Signature/Incorporator Date