

**P21000077499**

**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 : J20080000067  
Phone : (845) 425-0077  
Fax Number : (845) 812-3588

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

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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

850-617-6381

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August 27, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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 refax 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 IIFAX Aud. #: H21000313695  
Letter Number: 221A00020707

**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: Mortgages for Good, Inc.

**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

7901 4th St N Ste 3007901 4th St N Ste 300Sanit Petersburg, FL 33702Sanit 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  
Allentown, PA 18104

Address: \_\_\_\_\_

Name and Title: Matthew Robinson, Vice President

Name and Title: \_\_\_\_\_

Address: 411 Courtfield Way  
Castle Pines, CO 80108

Address: \_\_\_\_\_

Name and Title: David Fullwood, Tres.

Name and Title: \_\_\_\_\_

Address: 3 East Strathmore  
Kingston 8.  
Jamaica

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Northwest Registered Agent LLCAddress: 7901 4th St N STE 300St. Petersburg FL 33702ARTICLE VII INCORPORATORThe name and address of the Incorporator is:Name: Taylor LoylaAddress: 25 Robert Pitt Drive, Suite 204Monsey, NY 10952ARTICLE 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*Ton Glover

Required Signature/Registered Agent

08/27/2021

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.*Taylor Loyla

Required Signature/Incorporator

08/27/2021

Date