

TRANSMITTAL LETTER

P97000002248

Department of State
Division of Corporations
P. O. Box 827
Tallahassee, FL 32314

SUBJECT: Total Mortgage, Inc
(Proposed corporate name - must include suffix)

800002039588--7
-12/27/96--01076--002
*****70.00 *****70.00

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

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: Loretta M. Seneca
Name (printed or typed)

7390 NW 51 Street
Address

Lauderhill FL 33319
City, State & Zip

954-720-2516
Daytime Telephone number

FILED
97 JAN -9 PM 1:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA


NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 2, 1997

LORETTA M. SENECA
7390 NW 51 ST.
LAUDERHILL, FL 33319

SUBJECT: TOTAL MORTGAGE, INC.
Ref. Number: W97000000031

We have received your document for TOTAL MORTGAGE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6924.

Sharon Tala
Document Specialist Supervisor

Letter Number: 497A00000064

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

The Mortgage Link, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5800 N university Dr, Ste C
Tamarac, FL 33319

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Loretta M. Seneca
7390 NW 51 Street
Lauderhill, FL 33319

ARTICLE V - INCORPORATORS

The names and address of the person (s) signing these Articles of Incorporation are as follows:

Name Loretta M. Seneca
Address 7390 NW 51 Street
City Lauderhill State Fl Zip 33319

Name _____
Address _____
City _____ State _____ Zip _____

Name _____
Address _____
City _____ State _____ Zip _____

IN WITNESS WHEREOF, the undersigned subscriber (s) have executed these Articles of Incorporation this 26 day of Dec. 1996.

Loretta M. Seneca (Seal)

(Seal)
(Seal)

STATE OF FLORIDA) SS
COUNTY OF BROWARD)

Before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared

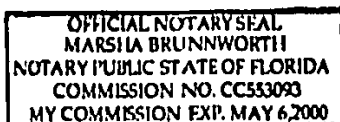
Loretta M. Seneca

known to me and known to be the person (s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that _____ executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 26 day of Dec. 1996.

Marsila Brunnworth
(Notary Public, State of Florida at large)

(Notary Seal)



My Commission expires
5-6-2000

VI

B. Officers:

President: Loretta M. Seneca
Address: 7390 NW 51 Street
Lauderhill FL 33319

Vice President: _____
Address: _____

Secretary: _____
Address: _____

Treasurer: Loretta M. Seneca
Address: 7390 NW 51 Street
Lauderhill FL 33319

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. Name and Street address of Florida registered agent:

Name: Loretta M Seneca
Office Address: 5800 N University Dr, Ste C
Tamarac FL 33321
City Zip Code

11. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered agent's signature: *Loretta M Seneca*

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

13. *Loretta M Seneca*
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. *Loretta M Seneca* PRESIDENT
(Name and capacity of person signing application)

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: The Mortgage Link, Inc

2. The name and address of the registered agent and office is:

Loretta M. Seneca
(NAME)

7390 NW 51 Street
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Lauderhill FL 33319
(CITY/STATE/ZIP)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)

12-26-96
(DATE)