

P97000034047
TRANSMITTAL LETTER

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

FILED
97 APR 16 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: ZCS Mortgage and Residential Investment,
(Proposed corporate name - must include suffix) Inc.

400002134874--9
-04/07/97--01049--001
*****76.00 *****76.00

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: James A. Sims
Name (Printed or typed)

4596 Cabbage Pond Drive
Address

Jacksonville Florida 32257
City, State & Zip

904 886-0713
Daytime Telephone number

W97-8040

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 7, 1997

JAMES A. SIMS
4596 CABBAGE POND DRIVE
JACKSONVILLE, FL 32257

SUBJECT: ZCS MORTGAGE AND RESIDENTIAL INVESTMENT, INC.
Ref. Number: W97000008040

We have received your document for ZCS MORTGAGE AND RESIDENTIAL INVESTMENT, 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):

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

The document must state the number of shares of authorized stock.

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) 487-6928.

Agnes Lunt
Corporate Specialist

Letter Number: 497A00017364

ARTICLES OF INCORPORATION

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

ARTICLE I NAME

The name of the corporation shall be:

Z C S Mortgage and Residential
Investment, Inc.

ARTICLE II PRINCIPAL OFFICE

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

~~UNKNOWN~~ ^{SAS} 4596 Cabbage Pond DR
JACKSONVILLE, FL 32257

ARTICLE III SHARES

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

~~100~~ ^{SAS} 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Tara V. Zimmerman
7815 Sunnymede Dr. N.
Jacksonville Florida 32211

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Tara V. Zimmerman
7815 Sunnymead Dr. N.
Jacksonville Florida 32211

Tremel Carmichael
12537 Willoughby Lane
Jacksonville Florida 32211

James Anthony Sims
4596 Cabbage Pond Drive
Jacksonville Florida 32257

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

31 day of March, 19 97.

(An additional article must be added if an effective date is requested.)

Tara Zimmerman
Signature

Tremel Carmichael
Signature

James A. Sims
Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

FILED

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

97 APR 16 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 ZCS Mortgage and Residential
Investment, Inc.

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

Tara V. Zimmerman
(NAME)

7815 Sunnymede Dr. N.
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Jacksonville Florida 32211
(CITY/STATE/ZIP)

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.

Tara V. Zi
(SIGNATURE)

3/31/97
(DATE)