# P97200071158

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

SUBJECT: AB	EL HOME MOR (Proposed co	TGAGE INC. proporate name - must include	le suffix)	
			90000226 -08/15/37 	41005 04
Enclosed is an original a	nd one(1) copy of the article	s 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 CO	PY REQUIRED	
FROM:	BRIAN J. AGI	Finted or typed)		
_	30 PINEWINDS P	PLVD. Address		
	OLDSMAR, FL.	34677 State & Zip		A 10
	(813) 786 - 6952 Daytime To	elephone number	ALLAHASSEE, FLOR	FILED 97 AUG 15 AN 8-
			DA.	53 F

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

me 8/18/47



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### ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation

#### ARTICLE I NAME

The name of the corporation shall be

ABEL HOME MORTGACE INC.

# ARTICLE II PRINCIPAL OFFICE

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

30 PINEWINDS BLUD.

OLDSMAR, FL. 34677

### ARTICLE III SHARES

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

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

BRIAU ABEL 30 PINEWINDS BLVD. OLDSMAR, FL. 34677

# ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

BRIAN J. ABEL 30 PINEWINDS BLUD. OLDSMAR, FL. 34677

Signature/Incorporator

8-12-97 Date

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

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/Registered Agent

B-12-97

Date