

P98000042277

TRANSMITTAL LETTER

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

SUBJECT:

Homeowner's Finance Corporation

(Proposed corporate name - must include suffix)

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:

John Speelman
Name (Printed or typed)

505 NE 3RD Street
Address

Delray Beach, FL 33483
City, State & Zip

561-276-2033

Daytime Telephone number

800002515398--4
-05/07/98--01069--019
*****78.75 *****78.75

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
98 MAY -7 AM 11:13

FILED

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

ARTICLES OF INCORPORATION

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:

Homeowner's Finance Corporation

ARTICLE II PRINCIPAL OFFICE

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

505 NE 3rd Street
Suite 3
Delray Beach, FL 33483

ARTICLE III SHARES

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

10

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

John Speelman
630 NE 20th Lane
Boynton Beach, FL 33435

ARTICLE V INCORPORATOR

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

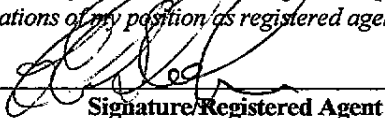
John Speelman
630 NE 20th Lane
Boynton Beach, FL 33435


Signature/Incorporator

4/22/98
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

4/22/98
Date

FILED
98 MAY -7 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA