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FLORIDA DIVISION OF CORPORATIONS

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((H98000011625 4))

TO: DIVISION OF CORPORATIONS
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FAX #:

FROM: AL CLARK
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CONTACT: AL CLARK
PHONE: (813)398-6011
(813)528-7222

FAX #:

NAME: NATIONWIDE MORTGAGE AND INVESTMENT SERVICES, INC.
AUDIT NUMBER.....H98000011625
DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.
CERT. OF STATUS..0 PAGES..... 3
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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.

ARTICLE I NAME

The name of the corporation shall be

NATIONWIDE MORTGAGE AND INVESTMENT SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

4451 GULF STREAM DRIVE
SPRING HILL, FL. 34607

ARTICLE III SHARES

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

1000 SHARES
NO PAR

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:
prepared by:

Name: THOMAS LAROCCA
Address: 4451 GULF STREAM DRIVE
SPRING HILL, FL. 34607

Accounting & Tax Help, INC.
8668 PARK BLVD Suite .A
SEMINOLE, Florida 33777

PH # 352-597-8459

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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):Thomas Larocca
4451 Gulf Stream Drive
Spring Hill, FL 34607

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

22nd day of June, 19 98

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

X Tan Larocca
Signature_____
Signature_____
Signature**Notarization is not required****NOTE:** Affixing an officer title after a signature of an incorporator does not
constitute the designation of officers.

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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:

NATIONWIDE MORTGAGE AND INVESTMENT SERVICES, INC.

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

Accounting & Tax Help, INC.
(Name)

8668 PARK BLVD., Suite A
(P.O. Box not acceptable)

SEMINOLE, Florida 33777
(City/State/Zip)

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TALLAHASSEE, FLORIDA

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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.

Al Clark

(Signature)

PRESIDENT

DATE

6-22-98

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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