TRANSMITTAL LETTER

P98000080391

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

SUBJECT:	Flor:	(Proposed corporate name - must include suffix)				
		,	4	0000263 -09/11/98 ****122.	30105401	
Enclosed is an o	original	and one(1) copy of the artic	les of incorporation and a	check for:		
☐ \$70.00 Filing Fee		S78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy ADDITIONAL CO	□ \$131.25 Filing Fee, Certified Co & Certificate PY REQUIRE	c	
FRO	OM:	Donna Shea		,		
		Name (Printed or typed)				
		2405 Harn Blvd				
,	<u>-</u>		Address		•	
r		Clearwater, FL 33764			98 1 - 8	
0 1 1		City, State & Zip			e e	
Sub INJap	•	(727) 797–7500				
		Daytime Telephone number			M 9: 50	

ARTICLES OF INCORPORATION

FILED

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:

Florida Dreams Mortgage, Inc.

"SECRETARY OF STATE TALLAHASSEE, FLORIDA

PRINCIPAL OFFICE

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

600 Bypass Dr. Suite 100 Clearwater, FL 33764

ARTICLE III SHARES

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

500 shares

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Donna Shea 2405 Harn Blvd.

Clearwater, FL 33764

ARTICLE V INCORPORATOR

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

Donna Shea

2405 Harn Blvd.

Clearwater, FL 33764

Signature/Incorporator

(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