## TRANSMITTAL LETTER

## P99000036057

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

400002844184----04/19/99--01129--002 \*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT:	AHanta	mortgage	Services.	Corp	
	(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 \$78.75 Filing Fee Filing Fee & Certificate of Statu	S78.75 Filing Fee & Certified Copy  ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED		

FROM: _	GlORIA C. MORAJES	- -				
:	Name (Printed or typed)					
	115-5H ST					
	Address	_=				
_	Norples Fla 34113	<del></del>				
	City, State & Zip	=				
•	941-7322039	=				
	Daytime Telephone number	_				

FILED
99 APR 19 PM 4: 19
SECRETARY OF STATE

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:

**ATLANTA MORTGAGE SERVICES CORP** 

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS COR[PORATION SHALL BE:

115 5TH ST NAPLES FLORIDA.34113

ARTICLE III SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

**100 SHARES** 

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS OF THE INITIAL REGISTERED AGENT ARE:

HENRY LARA 115 5TH ST NAPLES, FLORIDA 34113 99 APR 19 PM 4: 19
SECRETARY OF STATE

## ARTICLE V INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR TO THESE ARTICLES.

OF INCORPORATION ARE:

GLORIA C. MORALES 115 5TH ST NAPLES. FLORIDA 34113

SIGNATURE/INCORPORATOR

DAT/E

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

DATÆ

APR 19 PM 4: