

P99000064136

Jonathan P. Kross

Requestor's Name

P.O. Box 3363

Address

Boca Raton, FL 33427

City/State/Zip

Phone #

100002828161--4

-07/12/99--01039--017

Office Use Only ****157.50 *****78.75

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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99 JUL 12 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

C. GALLMON-CASE JUL 20 1999

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
ALLIED CAPITAL MORTGAGE GROUP, INC.

Pursuant to Section 607.0303, Florida Statutes these Articles of Incorporation provide that:

1. The name of the Corporation is: ALLIED CAPITAL MORTGAGE GROUP, INC.
 2. The principal office of the Corporation is:
1259 S.W. 9th Street, Boca Raton, FL 33486
 3. The aggregate number of shares which the Corporation is authorized to issue is 1000 shares of Common Stock, par value \$1.00 per share.
 4. The street address of the initial registered office of this Corporation is: 2461 West Hillsboro Boulevard
Deerfield Beach, FL 33442
- and the name of the initial registered agent of this Corporation at that address is: Jonathan P. Kross, Esq.
5. The name and address of the person signing these Articles of Incorporation as incorporator is:
Jonathan P. Kross
2461 West Hillsboro Boulevard
Deerfield Beach, FL 33442
 6. The Corporation shall have one (1) director initially. The number of directors may be increased or decreased from time to time as provided in the Bylaws of the Corporation, but shall never be less than one (1).
 7. The name(s) and street address(es) of the first Board of Directors of this Corporation, who shall hold office for the first year or until their successors are duly elected and qualified, shall be:
Phillip Bloom
1259 S.W. 9th Street
Boca Raton, FL 33486

IN WITNESS WHEREOF, I have hereunto set my hand and seal and acknowledge to be filed in the Office of the Secretary of State the foregoing Articles of Incorporation this 8 th day of July, 1999.


Jonathan P. Kross

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR SERVICE OF PROCESS WITHIN THIS STATE, NAMING
AGENT UPON WHOM PROCESS MAY BE SERVED**

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act:

That **ALLIED CAPITAL MORTGAGE GROUP, INC.** desiring to organize under the laws of the State of Florida, with its principal office as indicated in its Articles of Incorporation, has named

Jonathan P. Kross

located at:

2461 West Hillsboro Boulevard, Deerfield Beach, FL 34332

as its agent to accept service of process within this State.

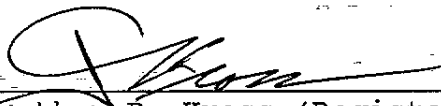
The principal office of the Corporation shall be:


1259 S.W. 9th Street, Boca Raton, FL 33486

ACKNOWLEDGEMENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES,

Signature _____

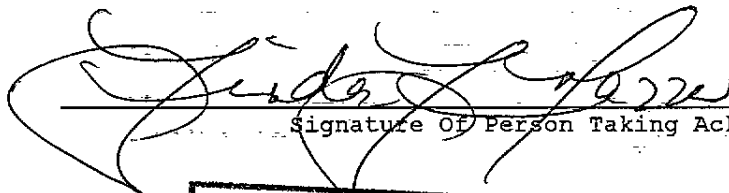

Jonathan P. Kross (Registered Agent)

Date July , 1999
Phone No.: (561) 394 - 5400

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TALLAHASSEE, FLORIDA

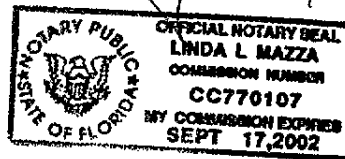
STATE OF FLORIDA }
 : ss.
COUNTY OF BROWARD }

8th The foregoing instrument was acknowledged before me this
day of July, 1999 by Jonathan P. Kross, who is personally
known to me or who has produced a Florida drivers license as
identification.



Signature of Person Taking Acknowledgment

Seal/Stamp -



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TALLAHASSEE, FLORIDA