

TRANSMITTAL LETTER

P99000087556

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

700003001967--6  
-09/30/99--01078--013  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT:

Atlantic Coastal Mortgage Incorporated  
(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 of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM:

Felicia Y McAfee

Name (Printed or typed)

1628 Twin Oaks Dr. W.

Address

Middleburg, FL 32068

City, State & Zip

904-616-1415

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 SEP 30 PM 4: 29

FILED

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

K. Rolfe OCT 04 1999

9/27/99

## 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

Atlantic Coastal Mortgage Incorporated

### ARTICLE II

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

4251 South University Blvd. Suite 102  
Jacksonville, FL 32216

### ARTICLE III

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

10 shares

### ARTICLE IV

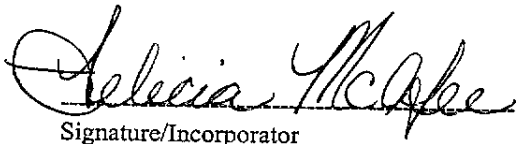
Felicia McAfee  
1628 Twin Oaks Drive West  
Middleburg, FL 32068

### ARTICLE V

Felicia McAfee  
1628 Twin Oaks Drive West  
Middleburg, FL 32068

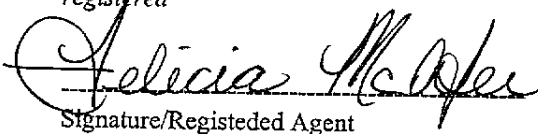
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99 SEP 30 PM 4:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
Signature/Incorporator

9/27/99  
Date

*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*

  
Signature/Registered Agent

9/27/99  
Date