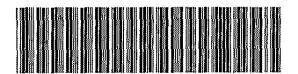
P02800134609

(Rec	qu es tor's Name)			
(Add	lress)			
(Add	iress)			
(City	//State/Zip/Phone	e #)		
PICK-UP	MAIT WAIT	MAIL		
(Bus	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to F	Filing Officer:			

Office Use Only



400009101624

11/27/02--01029--020 *** 1.50

OZ DEC 27 PH 1: 12

691- 2545 602-34008

13. W

TRANSMITTAL LETTER

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

City, State & Zup	SUBJECT:	CONSOLIDATED MORTGE	AGE GROUP	INC.
Filing Fee Filing Fee & Certificate of Status From: Jellick Williams Address WEST PALM BEACH Folds 33401 City, State & Zip		(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Filing Fee Filing Fee & Certificate of Status From: Jellick Williams Address WEST PALM BEACH Folds 33401 City, State & Zip				
Filing Fee Filing Fee & Certificate of Status From: Jellick Williams Address WEST PALM BEACH Folds 33401 City, State & Zip	Englased ora on a	omiginal and ano (1) convertible arti	alas of incorporation an	d a chack for
Filing Fee & Certificate of Status Filing Fee & Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: JELLY & WILLIAMS Name (Printed or typed) SQ1 Aldmore Load Address WEST PALM BEACH Florid 33 401 City, State & Zip (561) 114- 1138 And 561-822-9944	Enclosed are an o	riginal and one (1) copy of the arti	cies of incorporation and	d a check for.
& Certificate of Status & Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Jelly K Williams Name (Printed or typed)	□ \$70.0	0 ፟ \$78.75	□ \$78.75	□ \$87.50
Rest Palm Beach Florida 33401 (561) 114- 1138 And 561-822-9944	Filing Fe		_	
FROM: DELLICK WILLIAMS Name (Printed or typed) SQ1 ADMORE ROAD Address WEST PALM BEACH FLOUR 33 401 City, State & Zip (561) 114- 1138 And 561-822-9944		& Certificate of Status	& Certified Copy	
FROM: DELLICK WILLIAMS Name (Printed or typed) Sol Aldmore Road Address WEST PALM BEACH FLOUDA 33401 City, State & Zip (561) 114- 1138 And 561-822-9944				
Name (Printed or typed) 521 ADMORE ROAD Address WEST PALM BEACH FLORIDA 33 401 City, State & Zip (561) 114- 1138 And 561-822-9944			ADDITIONAL CO	i i
Name (Printed or typed) 521 ADMORE ROAD Address WEST PALM BEACH FLORIDA 33 401 City, State & Zip (561) 114- 1138 And 561-822-9944				
521 ADMORE ROAD Address WEST PALM BEACH FLORIDA 33401 City, State & Zip (561) 114- 1138 And 561-822-9944	FROM:	DERRICK WILL	IAMS	
Address WEST PALM BEACH FLOUDA 33401 City, State & Zip (561) 114- 1138 And 561-822-9944		Name	(Printed or typed)	
Address WEST PALM BEACH FLOUDA 33401 City, State & Zip (561) 114- 1138 And 561-822-9944		Say Alland	Only	
(561) 114- 1138 And 561-822-9944	-	OCT THOMBRE		
(561) 114- 1138 And 561-822-9944		_		
(561) 114- 1138 And 561-822-9944		WEST PALM BEA	CH FLORIDA	33 401
(561) 114- 1138 Aug 561-822-9944 Daytime Telephone number		City,	State & Zip	
(561) 114- 1738 (561-8-2-1944) Daytime Telephone number		15.	. 1 - 1	755 Galll
Daytine receptible number		(561) 114- 173	alanhaha number	8 22-01749
366-1179		•	- 0	

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



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

December 4, 2002

DERRICK WILLIAMS 521 ARDMORE ROAD WEST PALM BEACH, FL 33401

SUBJECT: CONSOLIDATED MORTGAGE GROUP INC.

Ref. Number: W02000034068

We have received your document for CONSOLIDATED MORTGAGE GROUP INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden Document Specialist New Filings Section

LLAHASSE

Letter Number: 702A00064458

DECEMB | 18, 2002

Consolidated Montrage 6000 Inc.

dissolved, and I have no intention

e-instating this orporation.

STATE C

Lorida

COUNTY : PAIM BEACH

before 1, this 19th day of decimber, 2002, personally appraised DEBRICK : LLIAMS, WHO EXECUTED THIS DOCUMENT FOR THE PURPOSE EXPRESSED

HEREIN.

BETTE S. WILSON Notary Public - State of Flored Collingsion occupies Edires 1 imezida Bended Thru asa Loubicitary

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I **NAME** The name of the corporation shall be: MORTGAGE CONSOLIDATED GROUP INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: FERN SUITE IA 103 ST ARTICLE III The purpose for which the corporation is organized is: BROKE C MORTOAGE ARTICLE IV The number of shares of stock is: ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): WILLIAMS DERRICK ARDHORE 521 FL 33401 PALM BEACH, ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: WILLIAMS 521 ARDNOLE KOAD BEACH, INCORPÓRATOR The name and address of the Incorporator is: NERRICK BEACH. FL 33401 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Signature/Registered Agent

Signature/Incorporator

11-25-02