

PO3000024154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

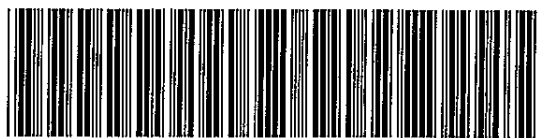
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/17/03--01044--004 \*\*78.75

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(SAMPLE LETTER OF TRANSMITTAL)

DATE

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

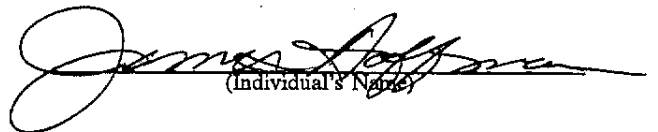
Re: Associates Mortgage, Inc.  
(Name of Corporation)

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

  
(Individual's Name)

Associates Mortgage F.  
(Name of Corporation)

MAILING ADDRESS OF CORPORATION		
326 North Palmetway		
Lake Worth FL 33460		
PHONE		
(561) 670-7646		
Area Code	Number	Ext.



FLORIDA DEPARTMENT OF STATE  
Ken Detzner  
Secretary of State

February 19, 2003

JAMES HOFFMAN  
326 NORTH PALMWAY  
LAKE WORTH, FL 33460

SUBJECT: ASSOCIATES MORTGAGE INC.  
Ref. Number: W03000004897

We have received your document for ASSOCIATES MORTGAGE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**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) 245-6067.

Neysa Culligan  
Document Specialist  
New Filing Section

Letter Number: 203A00010981

SECRETARIAT OF STATE  
TALLAHASSEE, FLORIDA

03 FEB 28 AM 10:40

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ARTICLES OF INCORPORATION

of OF LAKE WORTH

Associates Mortgage <sup>1</sup> INC.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME

of LAKE WORTH

The name of the corporation is:

Associates Mortgage <sup>1</sup> INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue ~~100~~ 99 shares of common stock, par value \$ 400.<sup>00</sup> per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS			326 North Palmway
CITY	LAKE WORTH	FLORIDA	ZIP 33460

Mailing address, if different

STREET ADDRESS			N/A
CITY		FLORIDA	ZIP

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME			JAMES HOFFMAN
ADDRESS			326 North Palmway
CITY	LAKE WORTH	FLORIDA	ZIP 33460

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TALLAHASSEE, FLORIDA

**ARTICLE VII - INITIAL BOARD OF DIRECTORS**

This corporation shall have three (3) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

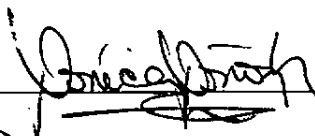
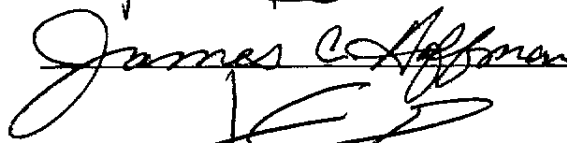

NAME	Monica Munoz		
ADDRESS	326 North Palmway		
CITY	Lake Worth	STATE	FL ZIP 33460
NAME	James Hoffman		
ADDRESS	326 North Palmway		
CITY	Lake Worth	STATE	FL ZIP 33460
NAME	TRACY Edwards		
ADDRESS	222 HENDRICKS ISLE		
CITY	Fort Lauderdale	STATE	FL ZIP 33301

**ARTICLE VIII - INCORPORATORS**

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Monica Munoz		
ADDRESS	326 North Palmway		
CITY	Lake Worth	STATE	FL ZIP 33460
NAME	James Hoffman		
ADDRESS	326 North Palmway		
CITY	Lake Worth	STATE	FL ZIP 33460
NAME	TRACY EDWARDS		
ADDRESS	322 HENDRICKS ISLE		
CITY	Fort Lauderdale	STATE	FL ZIP 33301

The undersigned incorporator(s) have executed these Articles of Incorporation this 11 day of February, 2003.

 \_\_\_\_\_ (Signature)  
 \_\_\_\_\_ (Signature)  
 \_\_\_\_\_ (Signature)

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/ REGISTERED OFFICE

ASSOCIATES Mortgage<sup>1</sup> INC. <sup>OF LAKE WORTH</sup>  
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 326 North PALMWAY  
LAKE WORTH, FL 33460

has named JAMES C. HOFFMAN

located at the aforesaid address, as its registered agent to accept service of process within this state.

Having been named as registered agent and to accept service of process for the above 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.

James C. Hoffman  
(Signature)

2-11-03  
(Date)

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TALLAHASSEE, FLORIDA