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To:
Division of Corporations
Fax Number : (850)205-0381

From:
Account Name : FAB-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

ALLIED ONE MORTGAGE INC

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION
OF

ALLIED ONE MORTGAGE INC

The undersigned incorporator(s), for the purposes of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE 1- NAME

The name of the corporation shall be:

ALLIED ONE MORTGAGE INC

The principal place of business of this corporation shall be:

**6961 TAFT STREET
HOLLYWOOD FL 33024**

ARTICLE 11- NATURE OF BUSINESS

This Corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE 111- CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is 1000 shares with a \$1.00 par value.

ARTICLE 1V- TERM OF EXISTENCE

This Corporation is to exist perpetual.

ARTICLE V- OFFICERS/DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected is (are):

**VALERIA EDUARTEZ
3527 NE 168TH STREET, NO: 406
NORTH MIAMI BEACH FL 33160**

**LUIS M FUENTES
8371 SW 124TH AVE, NO: 106
MIAMI FL 33183**

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the Laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

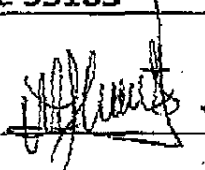
1. The Name of the Corporation:

ALLIED ONE MORTGAGE INC.

2. The Name and Address of the registered agent and office is:

LUIS M FUENTES
8371 SW 124TH AVE, NO: 106
MIAMI FL 33183

Signature: _____



Title: _____

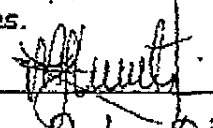
VICE-PRESIDENT

Date: _____

02/21/05

Having been named to accept service of process for the above stated corporation, 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 performances of my duties, and I accept the duties and obligations of section 607.325 Florida Statutes.

Signature: _____



Date: _____

02-21-05

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