

Division of Corporations

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**P06000103705**  
Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0381

From: Account Name : A 1 A CORPORATE SERVICES, INC.  
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Phone : (800) 494-3124  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Total Lending Solutions, Inc.**

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H06000198971 3

**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:

TOTAL LENDING SOLUTIONS, INC.

**ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

6104 SW 192 AVE  
PEMBROKE PINES, FL 33332

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**ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is to engage in any activity business permitted under the laws of the State of Florida.

**ARTICLE IV      SHARES**

The number of shares of stock is:

100 COMMON SHARES PAR VALUE \$100.00

**ARTICLE V      INITIAL OFFICERS / DIRECTORS**

The name(s), address(es), and title(s) of the directors and officers is/are:

**PRESIDENT:**  
TXOMIN IBARLUCEA  
6104 SW 192 AVE  
PEMBROKE PINES, FL 33332

H06000198971 3

H06000198971 3

PAGE 2 TOTAL LENDING SOLUTIONS, INC.

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

TXOMIN IBARLUCEA  
6104 SW 192 AVE  
PEMBROKE PINES, FL 33332

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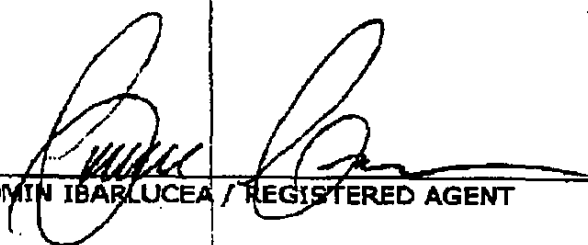
**ARTICLE VII INCORPORATOR**

The name and Florida street address of the incorporator is:

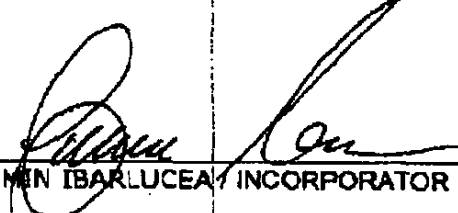
TXOMIN IBARLUCEA  
6104 SW 192 AVE  
PEMBROKE PINES, FL 33332

\*\*\*\*\*

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

  
\_\_\_\_\_  
TXOMIN IBARLUCEA / REGISTERED AGENT

8/8/06  
\_\_\_\_\_  
DATE

  
\_\_\_\_\_  
TXOMIN IBARLUCEA / INCORPORATOR

8/8/06  
\_\_\_\_\_  
DATE

H06000198971 3