P9700081503

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

97 SEP 19 PH 1: 31

SECRETARY OF STATE

SUBJECT:

The No Equity Mortgage Company

(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

3 \$78.75

Filing Fee

& Certificate

△\$122.50

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Daniel Rodriguez

Name (Printed or typed)

3360 Coral Way Suite 1

Address

Miami, FL 33145

City, State & Zip

(305)774-9955

300002296773--8

199-1075(--01035--021

Daytime Telephone number

₹₮₮₭122.50 ****122.50

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

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ARTICLES OF INCORPORATION

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The undersigned incorporator, for the purpose of forming a corporation under the Floridge CRETAILT OF STATE Business Corporation Act, hereby adopts the following Articles of Incorporation.

TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

The No Equity Mortgage Company

ARTICLE II PRINCIPAL OFFICE

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

3360 Coral Way Suite 1 Miami, FL 33145

ARTICLE III SHARES

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

1000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Daniel Rodriguez 3360 Coral Way Suite 1

Miami, FL 33145

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Daniel Rodriguez 3360 Coral Way Suite 1 Miami, FL 33145

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

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 agent

Signature/Registered Agent

11× 197

Date