

	MICALLETTER X
To: Qualification/Tax Lien Senon Division of Corporations	1001010
SUBJECT: First Choice	e Funding, INC W98-340
(Name of	corporation - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corpo	oration for Authorization to Transact Business in Florida",
"Certificate of Existence", and check are sub transact business in Florida.	mitted to register the above referenced foreign corporation
	70000243138 -02/16/9801076
Please return all correspondence concerning	this matter to the following: ******70.00 ***
SACK 160	(Name of Person)
	(Name of Person)
FIRST Chila	e Funding INO
	(Firm/Company)
200 Chare	PARK S Suite Zo
	(Address)
Kiron no hot	n Afoliano 35244 (City/State/Zip)
	(City/State/Zip)
	(0.03,150,000,000,000)
Should you need to call someone concerning	this matter please call.
Should you need to can someone concerning	mis matter, proase can.
TACK Pages 15 at	(205) 985-4611 = 6
(Name of Person)	(Area Code & Daytime Telephone Number)
	\$\frac{1}{2} \frac{1}{2} \frac{1}{2}
COURIER ADDRESS:	
Qualification/Tax Lien Section	MAILING ADDRESS:
Division of Corporations	Division of Corporations

P.O. Box 6327

_Tallahassee, FL 32314

409 E. Gaines St.

Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 16, 1998

ZACK ROGERS FIRST CHOICE FUNDING, INC. 200 CHASE PARK S., #200 BIRMINGHAM, AL 35244

SUBJECT: FIRST CHOICE FUNDING, INC.

Ref. Number: W98000003405

We have received your document for FIRST CHOICE FUNDING, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

Please return 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) 487-6093.

Freta Lott Corporate Specialist Supervisor

Letter Number: 098A00008791

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
From Chala Zanta Tata
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. De Awam (State or country under the law of which it is incorporated) 3. Pagues tell (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
1 1/12/6x 5 Herotul
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon VUAUFICATION (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 200 Chase NARC S Suite ZOO
Birming hom, Ha 35244 (Current mailing address)
(Current matting address)
8 Originale Mortegase WAN
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida).
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: CT Corporation
Office Address: 1200 SOUTH PINE ISIMU ROAD Plantaghou, Florida, 73324 (Zip code)
Plantaphon, Florida, 33329
(Zip code)
10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designation in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. CT CORPORABION SYSTEM
(Registered agent's signature) Dale Morris, Asst. Vice-President
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the

Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law

of which it is incorporated.



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned ZACK Masons Total	, do hereby certify
that this Resolution of the Board of Directors of First Choice Fun	ling, Inc
a corporation duly organized and existing under the laws of the State of was duly adopted on	JOHN MAR -4 ANIO: 31
Resolved, that 7107 Choice Fully NG (2R) and existing in the State of Alaware, hereby adopts name 7 C7 The (71857 CHOICE LENDING, 2)	, organized
for use in Florida.	
Dated: February 23 1888 July My Ms. M. Signature of at least one director	

INHS19(3/95)

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) A. DIRECTORS (Street address only - P.O. Box NOT acceptable) Chairman: ermint 05352 Vice Chairman: 5031 Address: 35242 Director: Crah Address: 201 Director: Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) Address: Vice President: Address: Secretary: Address: 3524 Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) LACK 14. (Typed or printed name and capacity of person signing application)

State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FIRST CHOICE FUNDING, INC." IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE
RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF FEBRUARY,
A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

98 MAR -4 AM 10: 38

Edward J. Freel, Secretary of State

AUTHENTICATION:

8909074

DATE:

02-09-98

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