

TRANSMITTAL LETTER

PO00000019507

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

SUBJECT: AMERICA'S MORTGAGE LENDER INC
(Proposed corporate name - must include suffix)

000003145930--8
-02/24/00--01039--011
312.00 **78.00

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

RECEIVED

00 FEB 24 AM 11:49

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FORREST SYGMAN
Name (Printed or typed)

328 MIRONCA AVENUE
Address

CONAL GABLES, FLORIDA 33134-4304
City, State & Zip

Daytime Telephone number

00 FEB 24 PM 12:01

APPROVED
AND
FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

W
JW 2/24

ARTICLES OF INCORPORATION
OF
AMERICA'S MORTGAGE LENDER, INC.

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:
AMERICA'S MORTGAGE LENDER, INC.

The principal place of business of this corporation shall be:

**3505 PONCE DE LEON BLVD.
CORAL GABLES , FL 33134**

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in 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 III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to initially have outstanding at any one time is 100 shares of common stock having US \$1.00 par value per share.

ARTICLE IV. ADDRESS

The mailing address of the initial registered office of the corporation shall be **3505 PONCE DE LEON BLVD. CORAL GABLES , FL 33134** and the name of the initial registered agent of the corporation at that address is Rosy Zamora.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

APPROVED
AND
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 FEB 24 PM 12:01

**CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE**

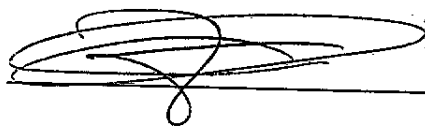
Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is AMERICA'S MORTGAGE LENDER, INC.

2. The name and address of the registered agent and office is:

Rosy Zamora
3505 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

Signature: _____



DATE: 2/22 20 00

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 PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

REGISTERED AGENT

DATE: 2/22 20 00

ARTICLE VI. OFFICERS AND DIRECTORS

This corporation shall have two (1) directors initially. The street address of the initial directors who shall hold office until such time as a successor is elected or appointed is as follows:

President/Director: **ROSY ZAMORA**
3505 PONCE DE LEON BLVD.
CORAL GABLES , FL 33134

ARTICLE VII. INCORPORATOR

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

ROSY ZAMORA
3505 PONCE DE LEON BLVD.
CORAL GABLES , FL 33134

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 22 day of, 2 20 02


ROSY ZAMORA, INCORPORATOR

STATE OF FLORIDA)

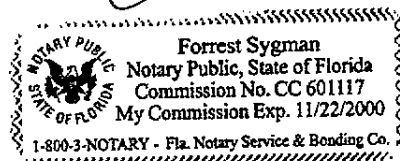
ss.

COUNTY OF MIAMI-DADE)

THE FOREGOING instrument was acknowledged and sworn to before me this 22 day of 02, 2002 by Rosy Zamora on behalf of Person(s) /ly who personally appeared before me at the time of notarization, and who is personally known to me or who has produced a Person(s) /ly and did not take an oath.

My Commission expires:


NOTARY PUBLIC, State of Florida



APPROVED
AND
FILED
00 FEB 24 PM 12:01
TALLAHASSEE, FLORIDA
SECRETARY OF STATE