

## Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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TO:

Division of Corporations

Fax Number : (850)922-4001

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone

: (305)599-0839

Fax Number

: (305)716-0346

# FLORIDA PROFIT CORPORATION OR P.A.

123 HOME LOANS, INC.

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#### ARTICLES OF INCORPORATION OF 1 2 3 HOME LOAMS, INC.

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

#### ARTICLE I NAME

The name of this corporation is 1 2 3 HOME LOANS, INC.

#### ARTICLE II PRINCIPAL OFFICE

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

10004 SW 141<sup>et</sup> Court

10004 SW 141-- Co Miami, FL 33186

#### ARTICLE III SHARES

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

1000 shares of \$1.00 per value common stock

#### ARTICLE IV INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director initially. The number of directors may be increased or diminished from time to time in accordance with by-laws adopted by the stockholders. The names and addresses of the initial board of directors are:

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#### **ADDRESS**

Eva I Chaparro President, Secretary 10004 SW 141<sup>st</sup> Court Miami, FL 33186

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SECRETARY OF STATE

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## ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Eva I Chaparro 10004 SW 141 Court Niami, FL 33186

#### ARTICLE VI INCORPORATOR

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

Eva I Chaparro 10004 SW 141 Court Miami, FL 33186

Ever Chaparro

March 20<sup>th</sup> 2000 Date

#### ACKNOWLEDGMENT:

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.

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SECRETARY OF STATE