| AZARUS CORPORATE FILING SERVICE | |
|---|---------------------------------------|
| (Requestor's Name) 3320 S.W. 87 AVENUE | |
| (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) (Phone #) | |
| TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY | |
| CORPORATION NAME(s) & DOCUMENT NUMBER(s) (if known): 1. EMPIRE MORIGAGE GROUP, INC. 33 (Corporation Name) (Corporation Name) (Corporation Name) (Corporation Name) (Corporation Name) (Corporation Name) | |
| 4. (Corporation Name) Walk in Pick up time OO Certified Copy Certified Copy OF STATE | |
| Change of Registered Agent Domestication Other Dissolution/Withdrawal Merger OTHER FILINGS Annual Report Foreign Fictitious Name Change of Registered Agent Dissolution/Withdrawal Merger Policy Partners No. 2000 1330 8389 - 06/29/00 - 01024 - 02/24 - | - 1) |
| Name Reservation Reinstatement Travemark Other Examiner's Initials | , , , , , , , , , , , , , , , , , , , |



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 29, 2000

LAZARUS

MIAMI, FL

SUBJECT: EMPIRE MORTGAGE GROUP, INC.

Ref. Number: W0000016642

We have received your document for EMPIRE MORTGAGE GROUP, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of 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) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 200A00036788

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DEPARTMENT OF STATE OF STA

ARTICLES OF INCORPORATION

OO JUN 30 PM 1:16
SECRETARY OF STATE

OF

EMPIRE MORTGAGE LENDER, INC.

The undersigned Incorporator(s), for the purpose of forming a Corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the Corporation shall be:

EMPTRE MONGAGE LENDER, INC.

ARTICLE II PRINCIPAL OFFICE

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

5495 SW. 8TH ST STE 230 MIAMI, FL. 33134-2217

ARTICLE III CAPITAL STOCK

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

500 SHARES AT \$ 1.00 EACH

ARTICLE IV-INITIAL REGISTERED AGENT AND

ADDRESS:

The name and address of the initial registered Agent is:

ORENS RODRIGUEZ 1834 BRICKELL AVE. # 22 MIAMI,FL. 33129

ARTICLE V-INCORPORATOR(S)

| The | name | (g) a | and | street | addı | ess | (es)of | the | incorporator (8) to | these |
|------|-------|-------|-----|----------|------|-------|--------|-----|---------------------|-------|
| arti | icles | ο£ | inc | corporat | ion | is (a | are): | | _ | |

ORENS RODRIGUEZ-DIRECTOR-P/V/S/T.-1834 BRICKELL AVE.# 22 MIAMI,FL. 33129 500 SHARES

The undersigned has (have) executed these Articles of Incorporation this:

28 day of JUNE 28 00

Signature/Title

PRESIDENT

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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.

| of florida. | the registered office/legistered agono, in one state |
|--|--|
| 1The name | of the corporation is: EMPIRE MORTGAGE LENDER, INC. |
| 2The name | and address of the registered agent and office is: |
| <u>, </u> | ORENS RODRIGUEZ (NAME) |
| | 1834 BRICKELL AVE. # 22 (P.O. BOX NOT ACCEPTABLE) |
| | MIAMI, FLORIDA 33129 |
| | (CITY/STATE/SIP) |
| | SIGNATURE (Corporate Officer) |
| | TITLE PRESIDENT |
| | DATE 06-28-2000 |
| process for in this cer agent and a with the pr | named as Registered Agent and to accept service of the above stated corporation at the place designated tificate, I hereby accept the appointment as registered gree to act in this capacity, I further agree to comply ovisions of all statutes relating to the proper and rformance of my duties, and I am familiar with and obligations of my position, as Registered Agent. SIGNATURE |
| | |
| | DATE 06-28-2000. DEFERMINARY SECRETARY SE |