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LAW OFFICES OF

HARVEY SCHOLL

ATTORNEYS & COUNSELORS AT LAW

5295 TOWN CENTER ROAD • THIRD FLOOR • BOCA RATON, FLORIDA 33431

PHONE: (561) 750-4280 FAX: (561) 392-6877

FILED

00 JUL -3 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HARVEY SCHOLL

OF COUNSEL:
PETER TICKIN
Danielle Brackett

July 01, 2000

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*****78.75 *****78.75

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

Re: Consumer Capital Finance, Inc.

Gentlemen:

Enclosed please find original and one copy of the Articles of Incorporation for the above referenced corporation together with the required fee of \$78.75. Please return a certified copy of the Articles to me at your convenience.

Sincerely,



HARVEY SCHOLL, ESQ.

HS/pbs

PH 7/6/00

ARTICLES OF INCORPORATION

FILED

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

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SECRETARY OF STAT.
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Consumer Capital Finance, Inc.

ARTICLE II PRINCIPAL OFFICE

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

10880 Bal Harbor Drive
Boca Raton, FL 33498

ARTICLE III SHARES

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

1,000.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Paul Vitale
10880 Bal Harbor Drive
Boca Raton, Florida 33498

ARTICLE V INCORPORATOR

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

Paul Vitale
10880 Bal Harbor Drive
Boca Raton, FL 33498

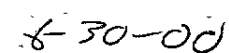


Signature/Incorporator Date

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



Date