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TRANSMITTAL LETTER

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

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SUBJECT: Co	ommonwealth Receiva (PROPOSED CORPORAT	bles Factoring ENAME- <u>MUSTINCLU</u>	Company, Inc DESUFFIX)	<u>(a.</u>		
Enclosed is an origina	al and one(1) copy of the article	s of incorporation and a	check for :	_		
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED			
FROM: George L. Cox						
Name (Pri 2911 39th Stree Ac Orlando, Florida City, S		ddress a 32839 State & Zip		100 JUL 19 AM 9: 32 TALLAHASSEE, FLORIDA	FILED	
Daytime Telephone number						

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) <u>ARTICLE I</u> NAME The name of the corporation shall be: Commonwealth Receivables Factoring Company, Inc. PRINCIPAL OFFICE 2911 39th Street, Suite 300 The principal place of business/mailing address is: Orlando, F1 32839 <u>ARTICLE III PURPOSE</u> The purpose for which the corporation is organized is: receivable factoring, investments, management, and consulting. ARTICLE IV **SHARES** The number of shares of stock is: ten thousand (10,000) ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: George L. Cox 2911 39 th Street, Suite 300 Orlando, F1 32839 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: George L. Cox 2911 39th Street, Suite 300

Orlando, F1 32839

Signature/Indorporator

JUNE 29, 2000