TRANSMITTAL LETTER

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

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SUBJECT:

MK FINANCIAL CORPORATION

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: MICHAEL GONTE

Name (Printed or typed)

823 CHICOPIT LANE
Address

VACKSONVILLE, FL 3115-4913
City, State & Zip

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) ARTICLE I NAMEThe name of the corporation shall be: M. K. FINANCIAL CORPORATION ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 823 CHICOPIT LANE VACKSONVILLE, FL 32225-4913 ARTICLE III PURPOSE The purpose for which the corporation is organized is: REAL ESTATE INVESTMENTS ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): MICHAEL L. CONTE, PRESIDENT KIM E CONTE VICE PRESIDENT ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: MICHAEL L. CINTE, PLESIDENT 823 CHICOPIT LANE VACKSONVILLE, FL 32225- 1913 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: MICHAEL L. CONTE, PRESIDENT 823 CHICOPIT LANE VACKSONVILLE, FL 32225- 4913 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator