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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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)541-3694 Fax Number : (305)541-3770

FLORIDA PROFIT CORPORATION OR P.A.

FIRST PLUS TITLE, INC.

Certificate of Status	U
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

B. McKnigh: OCT 2 5 2000

10/25/00 10:59 AM

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ARTICLES OF INCORPORATION

OF

FIRST PLUS TITLE, INC. .

SEGRETARY OF STATE
DIVISION OF COMMITTEE AFFORM

00 OCT 25 PM I2: 36

I, the undersigned hereby make, subscribe, acknowledge and file these Articles of Incorporation for the purpose of organizing a corporation under the laws of the State of Florida.

ARTICLE I

The name of this corporation shall be: FIRST PLUS TITLE, INC.

ARTICLE II

The general nature of the business to be transacted by this Corporation shall be to engage in any or all lawful activity for which corporations may be incorporated under the provisions of the Florida General Corporations Act.

ARTICLE III

The total authorized capital stock of the corporation shall be 1,000 shares of common stock having a par value of \$1.00 per share.

ARTICLE IV

This corporation shall exist perpetually. .

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ARTICLE Y

The street address of the initial registered office of the corporation and principal place of business is:

6261 NW 6 WAY, SUITE 202

FT. LAUDERDALE, FL 33309 and the name of its initial registered agent at such address is:

JEAN WILLIAMS

. ARTICLE VI

The number of directors constituting the initial Board of directors of the Corporation is one and the name and address of the person who is to serve as the said director is:

JEAN WILLIAMS

ARTICLE VII

The name and address of the incorporator is:

JEAN WILLIAMS
6261 NW 6 WAY, SUITE 202
FT. LAUDERDALE, FL 33309

IN WITHESS WHEREOF, I have hereunto set my hand and seal

~-H00000056173

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COUNTY OF BROWARD)

• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·
I HEREBY CERTIFY that on this day the State and County named above, personally ag to me known to be the person described in and incorporation for the purposes therein set forth.	peared JEAN WILLIAMS
IN WITNESS WHEREOF, I have here Fort Lauderdale, Florida, Broward County, Florid	
My Commission Expires:	NOTARY PUBLIC
BRADFORD BALLARD My Comm Exp. 6/20/2002 Ne CC 750999 1 1 Passonally Known () Other I.D.	
The undersigned, <u>JEAN WILLIAMS</u> to act as registered agent hereby agrees to act in t	his capacity. REGISTERED AGENT
JEAN WILLIAMS , who, fir	rity, on this day personally appeared, st being duly sworn, deposes and says
that he is the person designated as Register Acceptance; that he has read the same, knows t trust and correct.	ed Agent in the above and foregoing he contents thereof, and that the same is
SWORN TO AND SUBSCRIBED befo	re me on this day of

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NOTARY PUBLIC

BRADFORD BALLARD My Comm Exp. 6/20/2002 No. CC 750999 | [Personally Known [] Other I.D.

- **Z** 001-52-2000 77:30

My Commission Expires: