POI 000026324

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

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SUBJECT:

East Coast Mortgage Corporation

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an origina	al and one(1) copy of the article	es of incorporation and a	check for:	, j. 199		
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee Certified & Certified & Certified Status PY REQUII	Copy cate of		,
FROM: Maureen Cortinas Name (Printed or typed) 10039 SW 5 st Address				SECTIETARY OF STATE TALLAHASSEE; FLORIDA	OI MAR	
			<u>a.</u> 2		-9 AMID: 20	HIED HED
Miami fl, 33174 City, State & Zip				ADA ATE	20	
	(305) 553-7587		<u></u>			
'	Daytime Te	elephone number				

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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 NAME

The name of the corporation shall be:

East Coast Mortgage Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

10039 SW 5 st Miami fl, 33174

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Mortgage Brokerage

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS DIRECTORS (optional)

The name(s) and address(es):

Maureen Cortinas 10039 SW 5 st Miami F1, 33174

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Maureen Cortinas

10039 SW 5 st

Miami Fl, 33174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Maureen Cortinas

10039 Sw 5 St

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

Maureen Cortinas

March 5, 2001

Date

March 5, 2001

Date

Signature/Incorporator

Maureen Cortinas