

TRANSMITTAL LETTER

PO1000035398

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

SUBJECT: Florida Energy Loan Program, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

300003952713--7  
-04/03/01--01033--009  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

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

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

FROM: Judy S. Carli  
Name (Printed or typed)

6542 Post Oak Drive  
Address

West Bloomfield MI 48322  
City, State & Zip

(248) 539-9270  
Daytime Telephone number

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

2001 APR -3 PM 3:26  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
**FILED**

JG 4/4/01

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**FILED**

ARTICLE I NAME

The name of the corporation shall be:

Florida Energy Loan Program, Inc.

2001 APR -3 PM 3:26

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

12154 80<sup>TH</sup> Ave. North  
Seminole FL 33772

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Assist and obtain financing  
for home improvement loans for residential property(s).

ARTICLE IV SHARES

The number of shares of stock is:

One hundred

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Judy S. Carli 6542 Post Oak Dr. West Bloomfield MI  
Samuel B. Carli 8000 Sailboat Key Blvd #206 S. Pasadena FL 33707  
Matthew D. Carli 6542 Post Oak Dr. - West Bloomfield MI 48322  
Sara R. Carli 6542 Post Oak Dr. - West Bloomfield MI 48322  
Gianni M. Carli 6542 Post Oak Dr. - West Bloomfield MI 48322

ARTICLE VI REGISTERED AGENT

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

Samuel B. Carli  
8000 Sailboat Key Blvd. #206  
South Pasadena FL 33707

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Judy S. Carli  
6542 Post Oak Dr.  
West Bloomfield MI 48322

\*\*\*\*\*  
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

*Samuel B. Carli*

Signature/Registered Agent

3-31-01

Date

*Judy S. Carli*

Signature/Incorporator

3-31-01

Date