

TRANSMITTAL LETTER

PO1 0000 SO 112

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

SUBJECT:

Loans 4 homes, Inc

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

300004214553--9

-05/14/01--01068--008

*****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

\$78.75 Filing Fee
& Certified Copy
\$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM:

CHRISTINE Sundquist
Name (Printed or typed)

1984 Willow Wood dr
Address

Ksme, Fl. 34746
City, State & Zip

407.908.3030
Daytime Telephone number

christine Sundquist
GAVE

AUTHORIZATION BY PHONE TO

CORRECT Shares

DATE 5-21-01

DOC. EXAM OK

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

FILED
01 MAY 14 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

gys/21

ARTICLES OF INCORPORATION

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

The name of the corporation shall be:

Joans 4 Homes, Inc

The principal place of business/mailling address is:

*1984 Willow Wood dr.
Ksme, FI 34746*

The purpose for which the corporation is organized is:

mortgage Brokerage Business

The number of shares of stock is:

one

The name(s) and address(es):

n/a

FILED
01 MAY 14, AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

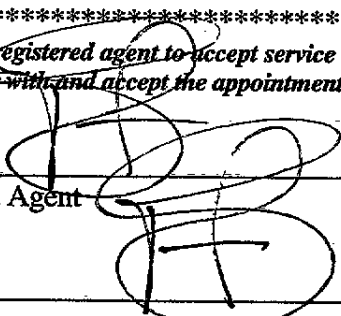
*Christine Sundquist
7862 W. Irlo Bronson Hwy
Ksme, FI 34747 #327*

The name and address of the Incorporator is:

*Christine Sundquist
7862 W. Irlo Bronson Hwy
Ksme, FI 34747 #327*

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



Date

5.11.01

Signature/Incorporator

Date

5.11.01