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

SUBJECT:	GRANDS Am Mortgage Two, (Proposed corporate name - must include suffix))					
50004651745 -10/24/0101048000 ****122.50 *****78.						
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 ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED			
FROM:	ROM: LINDA RICKKS					
Name (Printed or typed)						
Name (Printed or typed) 16779 Keyline BLUD. Address Address						
	Loxahatchee, Fz. 33470 City, State & Zip					
50/-158-7860 Daytime Telephone number						

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

0,35,01

ARTICLES OF INCORPORATION

7	The undersigned incorporation, for the purpose of forming a corporation Business Corporation Act, hereby adopts the following Articles of Incorp		100 Co. 11		
	ARTICLE I NAME The name of the corporation shall be: Crand 5	an Mor	tgage, Ison		
	ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation of the principal place of business and mailing address of this corporation. LOX AhAt chee,		7O		
	ARTICLE III SHARES				
Five	The number of shares of stock that this corporation is authorized to thousand (5000, Shares of One De				
	ARTICLE IV INITIAL REGISTERED AGENT AND The name and Florida street address of the initial registered agent as	re: Linda	DDRESS Rickles Keyline Bluch. Shatches FE. 33470		
	ARTICLE V INCORPORATOR		hatches FE. 33470		
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:					
	LINDA RICKIES 14779 Keyline Bl	ω <u>β</u>			
	LOXALAT Ches Fr.	33470			
(Frida Kickler	10	-17-01		
	Signature Incorporator		Date		
	(An additional article must be added if an eff	fective date is rea	quested.)		
i L	Having been named as registered agent and to accept service of process for the certificate, I hereby accept the appointment as registered agent and agree to a provisions of all statutes relating to the proper and complete performance cobligations of my position as registered agent.	ct in this capacity.	I further agree to comply with the		
•	Indu Buck	/	10-17-01		
	Signature/Registered Agent		Date		