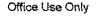
# Pozon 115295

| (Requestor's Name)                      |             |
|---|-------------|
| (Address)                               |             |
| (Address)                               | <del></del> |
| (City/State/Zip/Phone #)                |             |
| PICK-UP WAIT                            | MAIL        |
| (Business Entity Name)                  |             |
| (Document Number)                       | <u></u> .   |
| Certified Copies Certificates of Statu  | ıs          |
| Special Instructions to Filing Officer: |             |
|   |             |
|   |             |
|   |             |
|   |             |







800008512068

10/24/02--01039--004 \*\*78.75



# TRANSMITTAL LETTER

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

| SUBJECT: _ Am        | star Mortgage Network, Ind      |  |                  |
|----------------------|---------------------------------|--|------------------|
| <del></del> .        | (PROPOSED CORPORA               | TE NAME – <u>MUST INCL</u>               | UDE SUFFIX)      |
|                      |                                 |  |                  |
| Enclosed are an orig | inal and one (1) copy of the ar | ticles of incorporation and              | l a check for:   |
| □ \$70.00            | <b>☑</b> \$78.75                | <b>□</b> \$78.75                         | □ \$87.50        |
| Filing Fee           | Filing Fee                      | Filing Fee                               | Filing Fee,      |
|                      | & Certificate of Status         | & Certified Copy                         | Certified Copy   |
|                      |                                 | or o | & Certificate of |
|                      |                                 |  | Status           |
|                      |                                 | ADDITIONAL CO                            |                  |
| ED () (              | Michael J. Buono                |  |                  |
| FROM:                | Name                            | (Printed or typed)                       |                  |
|                      |                                 | ,  |                  |
|                      | 1070 E. Indiantown Road         | l, Suite 410                             |                  |
| -                    |                                 | Address                                  |                  |
|                      | Jupiter, FL 33477               |  |                  |
| -                    | City                            | , State & Zip                            | <del></del>      |
|                      | 561-744-5626                    |  |                  |
| -                    | Daytime '                       | Clephone number                          |                  |

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:

Amstar Mortgage Network, Inc.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1070 E. Indiantown Road, Suite 410 Jupiter, FL 33477

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Mortgage Lending and related services.

#### ARTICLE IV SHARES

The number of shares of stock is: 500

# ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

# ARTICLE VI REGISTERED AGENT

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

Gary Barous Mich Act T BUON O 1070 E. Indiantown Road, Suite 410 Jupiter, FL 33477

# ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael J. Buono 1070 E. Indiantown Road, Suite 410 Jupiter, FL 33477

| licate, I am faminia wan una accept ine appointment as registerea agent una agree to act in unis capacity |          |  |
|---|----------|--|
| Signature/Registered Agent  | Date     |  |
| Malarow   | 10/18/07 |  |
| Signature/Incorporator  | Date     |  |

02 OCT 24 PH 1:49
SECRETARY OF STATE
TALLAHASSEE F. STATE