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TRANSMITTAL LETTER

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SEURL ARY OF STATE
TALLAHASSEE FLORIDA

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

□ \$70.00

Subject:	LOANS	\mathcal{N}	motion,	INC
Ū			morate Name)	

□\$78.75

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

□\$122.50

FROM: LOANS N MOTION, INC

Name (printed or typed)

4483-1 N. STATE RD 7

Address

LAUDERDANE LAKES, FL 33319

City, State & Zip

954 731 3319

Daytime telephone number

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

ARTICLES OF INCORPORATION FILED

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following OF STATE IALLAMASSEE FLORIDA Articles of Incorporation.

ARTICLE 1 NAME The name of the corporation shall be: LOANS N MOTION, INC

ARTICLE 11

PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 4483-1 N. STATE RD 7 LAWDER DALK LAKES, PC 33319

ARTICLE 111

SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000

One thousand (1000) shares of common stock having a par value of one dollar (\$1) each.

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ERROL GORDON 4483-1 N. STATE RD 7 LAUD ERDAGE LAKES, A 33319

INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are): (I) ERROL GORDIN 4483-1 N. STATE RI 7 LAUDER DAVE LAKES St. 33319 The undersigned incorporator(s) has (have) executed these Articles of Incorporation this
O3/03/03
Signature
Lamborly Danie 0 03-03-03
Signature
Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/ REGISTERED OFFICE

PURSUANT TO THE PROVISION OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the corporation is: LDANS N MOTION, INC.
- 2. The name and address of the registered agent and office is:

Name

H483-1 N. SIATE RD 7

(P.O. Box not acceptable)

LAUDER DAVE LLS FL 33319

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature 03/03/03

Date