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TRANSMITTAL LETTER

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 FLORIDA MORTGAGE MASTERS, INC. SUBJECT: (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Neville A. Marrah FROM: Name (Printed or typed)

10075 Gate Parkway North # 710

Jacksonville, Florida 32246

904/476-8206

Department of State

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

Address

City, State & Zip

Daytime Telephone number

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:

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

FLORIDA MORTGAGE MASTERS, INC.

10075 Gate Parkway North Unit # 710 Jacksonville. Florida 32246

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide financial services and all other activities deemed legal in the state.

ARTICLE IV SHARES

The number of shares of stock is:

1000 shares of common stock par value of \$1.00 each.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Neville A. Marrah, President 10075 Gate Parkway North Unit # 710 Jacksonville, Florida 32246

ARTICLE VI REGISTERED AGENT

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

Neville A. Marrah 10075 Gate Parkway North #710 Jacksonville, Florida 32246

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Neville A. Marrah 10075 Gate Parkway North # 710 Jacksonville, Florida 32246

| Having been named as registered again | t to accept service of process for the above stated corporation at the place designated in this |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| certificath, I am famifiar with and det | t to accept service of process for the above stated corporation at the place designated in this pt the appointment as registered agent and agree to act in this capacity |

Signature/Registered Agent

Signature/Incorporator

ion at the place des his capacity

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SECRETARY OF STATE
TALLAHASSEE FISHIN