# P03000 58577

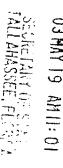
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
<u></u>				





400018829234

05/19/03--01092--011 \*\*87.50



5.55

# TRANSMITTAL LETTER

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

SUBJECT: LE	NDING OPTIONS CO.		
•	(PROPOSED CORPORA	TE NAME – MUSTINOI	UDE SUNTX)
Enclosed are an orig	ginal and one (1) copy of the arti	icles of incorporation an	d a check for:
<b>\$70.00</b>	<b>□</b> \$78,75	□ \$78.75	<b>☑</b> \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
		l committee of	& Certificate of
			Status
		ADDITIONAL CO	
		ADDITIONAL CC	77 TREQUIRED
FROM:	Jacqueline M. Capiro		
	Name	(Printed or typed)	
	5525 Descartes Circle		
,	Address		
	Boynton Beach, FL 33437	7	-
•	City,	State & Zip	
	(561) 533-9333		
-	Daytime T	elembone 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)

FILED

03 HAY 19 AM 11: 01

SEURETARY OF STATE TALLAHASSEE, FLORIDA

#### ARTICLE I NAME

The name of the corporation shall be:

LENDING OPTIONS CO.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5525 Descartes Circle Boynton Beach, FL 33437

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

## ARTICLE IV SHARES

The number of shares of stock is:

Ten thousand (10,000) shares of common stock

## 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:

Jacqueline M. Capiro 5525 Descartes Circle Boynton Beach, FL 33437

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jacqueline M. Capiro 5525 Descartes Circle Boynton Beach, FL 33437

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

5-16-03

Date

Signature/incorporator