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(Requestor's Name)				
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TRANSMITTAL LETTER

Department of State Division of Corpora P. O. Box 6327 Fallahassee, FL 323	tions		- <u>-</u>
SUBJECT: LEI	NDERS FINANCIAL, INC. (PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	LARRY E. LINK		
	275 WOODRIDGE DRIVE	Printed or typed) ddress	station of the state of the sta
	GENEVA, FL 32732	State & Zip	
	407-324-5700	elephone number	W

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:

LENDERS FINANCIAL, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 4274 S. ORLANDO DRIVE SANFORD, FL 32772

ARTICLE III *PURPOSE*

The purpose for which the corporation is organized is: FINANCE VEHICLE LOANS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s): LARRY E. LINK 275 WOODRIDGE DRIVE GENEVA, FL 32732

PRESIDENT

ARTICLE VI REGISTERED AGENT

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

LARRY E. LINK 275 WOODRIDGE DRIVE GENEVA, FL 32732

ARTICLE VII INCORPORATOR

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

LARRY E. LINK 275 WOODRIDGE DRIVE GENEVA, FL 32732

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

mature/Registered Agent

Signature/Incorporator