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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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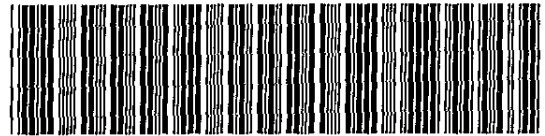
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 OCT -6 AM 9:49
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

✓
10/10/03

TRANSMITTAL LETTER

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

SUBJECT: Your P.A.L.L. Title Network, Inc.

 (Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$_____

FROM: Your P.A.L.L. Title Network, Inc.

Name (printed or type)

15442 NW 12 Court

Address

Pewmbroke Pines, Fl. 33028

City, State & Zip Code

954-447-0639

Telephone number

Note: Please provide the original and one copy of the Articles.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Your P.A.L.L. Title Network, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

15442 NW 12 Court
Pembroke Pines, Fl. 33028

ARTICLE III SHARES

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

100 Shares @ \$1.00 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Luis Garcia
15442 NW 12 Court
Pembroke Pines, Fl. 33028

ARTICLE V INCORPORATOR (S)

The name (s) and street address (es) of the incorporator (s) to these Articles of incorporation is (are) :

Luis Garcia
15442 NW 12 Court
Pembroke Pines, Fl. 33028

President/Secretary

Paola Garcia
15442 NW 12 Court
Pembroke Pines, Fl. 33028

Vice-President/Treasurer

signed incorporator (s) has (have) executed these Articles of incorporation this 2 day of OCTOBER 2003

Luis Garcia
Signature

Paola Garcia
Signature

Signature

Signature

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CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT / REGISTERED OFFICE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

name of the corporation is Your P.A.L.L. Title Network, Inc.

The address of the corporation is 15442 NW 12 Court
Pembroke Pines, Fl. 33028

The name and address of the registered agent and office is:

Luis Garcia

Name

15442 NW 12 Court

P O Box or Mail Drop Not acceptable)

Pembroke Pines, Fl. 33028

(City / State / Zip)

Having been named as registered agent and to accept services of
process for the above stated corporation at 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.

Luis Garcia
(Signature)

10-02-03
(Date)

DIVISION OF CORPORATION, P O BOX 6327, TALLAHASSEE, FL. 23214