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To:

Division of Corporations

Fax Number : (850)205-0381

grom:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335

Phone : (305)599-0839

Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P

YORK MORTGAGE INC.

Certificate of Status	0
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4/16/04

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ARTICLES OF INCORPORATION

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YORK MORTGAGE INC.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

ARTICLE | NAME

The name of the corporation shall be:

YORK MORTGAGE INC.

The principal place of business of this corporation shall be: 2960 sw 139 TERR. DAVIE, PL 33330

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact 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 III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 1000 shares # \$ 1.00 per value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

VERONICA A. MOR(president) 4242 WEST 16th AVE. HIALBAH, FL 33010

ARTICLE VI INCORPORATOR(S)

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

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this.

15 day of APRIL, 2004.

Signature(s) of Incorporator(s)

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2004 APR 15 A 8: 38

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:
YORK MORTGAGE INC.
2. The name and address of the registered agent and office is:
VERONICA A. MOR
(P.O. BOX NOT ACCEPTABLE)
4242 WEST 16th Street Hinlenh Fl. 33010
(CITY/STATE/ZIP)
SIGNATURE COMUNE MID
3.6117.1072
TITLE PREDIDENT
DATE 4/15/04
HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE

ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION

607.325, FLORIDA STATUTES.

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Statutes, the undersigned corporation, organized under

Pursuant to the provisions of Section 607 ALSHASS