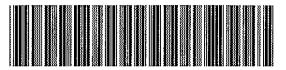
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TRANSMITTAL LETTER

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

ADA MORTGAGES. INC,

SUBJECT: ADA	MORTGAGES. INC, (PROPOSED CORPORA	VTE NAME – <u>MUST INCL</u>	UDE SUEFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	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: IS	SABEL PETRA ACOSTA	(Printed or typed)	
	405 LAKEVIEW DRIVE	Address	. 15*
	ROYAL PALM BEACH, FI		
	City	, State & Zip	
	561 795-1308		<u> </u>
	Daytime	Telephone 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)

ARTICLE I NAME

The name of the corporation shall be: ADA MORTGAGES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1975 SANSBURY WAY SUITE # 115 WEST PALM BEACH, FLORIDA 33411

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MORTGAGES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): ISABEL PETRA ACOSTA 405 LAKEVIEW DRIVE ROYAL PALM BEACH, FLORIDA 33411 CEO

ARTICLE VI REGISTERED AGENT

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

ISABEL PETRA ACOSTA 405 LAKEVIEW DRIVE ROYAL PALM BEACH, FLORIDA 33411

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ISABEL PETRA ACOSTA 405 LAKEVIEW DRIVE ROYAL PALM BEACH, FLORIDA 33411

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

Signature/Incorporator

Date Date