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(Rec	questor's Name)	
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J. Strivers JUL 28 2005

TRANSMITTAL LETTER

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

SUBJECT:	FOR SURE OFFOR	MORTGAGE ATE NAME-MUST INCL	COMPONIUM SUFFIX	<u>EATIO</u>
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	a check for:	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM :	LOURDES Nam 2458 W		002	156 27 PT 2110
-	HIA (eA)	State & Zip	3016	> ***
	786-486-c	2066 Telephone number		

NOTE: Please provide the original and one copy of the articles.

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be MORTGAGE CORPORIATION FORSURE ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 14806 NE 6 Are N MIAMI PC 33/6/ ARTICLE III PURPOSE The purpose for which the corporation is organized is: HORTGAGE BLOKER ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Lourses Menenous 2458 W is ST HIBLEBU AC REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: 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 lature/Registered Agent Mure/incorporator

ARTICLES OF INCORPORATION