P05000144265

(Requestor's Name)			
(Address)			
(Address)			
,			
(City/State/Zip/Phone #)			
(City/Glate/Zip/Filone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
,			
Certified Copies Certificates of Status			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:	i		

Office Use Only



800059058588

08/20/05--01016--018 **87.50

TALL VITASSES AM 9: 22

MRD, 10/25

005-43711

COVER LETTER

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

. 5 7	,	
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
inal and one (1) copy of the art	cles of incorporation and	l a check for:
\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Certified Copy & Certificate o Status
Name	(Printed or typed)	
MiaMi', F	LA 33/65 , State & Zip	
	inal and one (1) copy of the arti \$78.75 Filing Fee & Certificate of Status MERCEL Name 2000 Su MiaMi F City	Filing Fee & Certificate of Status Filing Fee & Certified Copy

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 20, 2005

MERCEDES OLIVIA 2000 SW 97 AVENUE MIAMI, FL 33165

SUBJECT: MORTGAGES R US, INC.

Ref. Number: W05000043711

We have received your document for MORTGAGES R US, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist New Filings Section

Letter Number: 105A00057721

05 OCT 24 PM 3-2

ARTICLES OF INCORPORATION	
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	SECRETARY OF STATE TALLAHASSET OF ORIDA
ARTICLE I NAME The name of the corporation shall be:	OS OCT 24 AM 9: 22
MORTGAGES ARE US, INC.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
2000 SW 97 AVENUE MIAMI, FLA 33165	
ARTICLE III PURPÓSE The purpose for which the corporation is organized is:	
ANY AND ALL LAWFUL BUSINESS	
ARTICLE IV SHARES The number of shares of stock is: 100 \$1.00	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
T 194 manages 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1
MERCEDES OLIVIA PRESIDE, 2000 SW 97 AVE MIAMI, FLA 33165	N 7
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered ag	gent is:
MERCEDES OLIVA 2000 SW 97 AVE	
MIAMI, FLA 33/65	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
The <u>name and address</u> of the Incorporator is: MERCEDES OLIVA 2000 SW 97 AVE MIAMI, FLA 33/65 ***********************************	
MIAMI, FLA 33/65	
riuving neen numeu as registerea agent to accept service of process for the above stated corporation	**************************************
certificate, I am familiar with and accept the appointment as registered agent and agree to act in this c	apacity 9/15/
Signature/Registered Agent	Date
	9/15/5
Signature/Incorporator	Date

X