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(Address)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Ellington Financial Services Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

*Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Lawrence BrownEllington

Name (Printed or typed)

Ellington Financial Services Inc.

Address

Box 2229 Land O Lakes FL 34639

City, State & Zip

954-701-0667

Daytime Telephone number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Ellington Financial Services Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Box 2229 LAND O LAKES
FLORIDA 34639

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to transact all lawful business in florida

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Lawrence Brownellington, President, 3521 NW 1 crt Ft. Lauderdale FL 33311

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

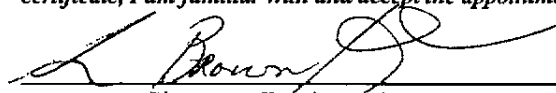
Lawrence Brownellington, 3521 NW 1 crt, Ft. Lauderdale, FL 33311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lawrence Brownellington, 3521 NW 1 crt., Ft. Lauderdale, FL 33311

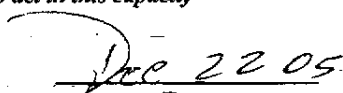
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



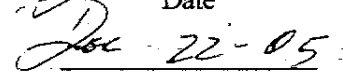
Signature/Registered Agent



Signature/Incorporator



Date



Date

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TALLAHASSEE, FLORIDA