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COMPLIANCE CONSULT.

Division of Corporations

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850)205-0381

**From:**

Account Name : COMPLIANCE CONSULTING CORPORATION OF FLORIDA  
Account Number : I20010000135  
Phone : (561)586-3645  
Fax Number : (561)586-6335

## FLORIDA PROFIT/NON PROFIT CORPORATION

Cucol E-Z Mortgage Corp.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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**ARTICLES OF INCORPORATION**

The undersigned Incorporator, for the purpose of forming a corporation under the Florida Business Corporation act, hereby adopts the following Articles of Incorporation.

**ARTICLE I. NAME**

The name of the corporation shall be:

Cucol E-Z Mortgage Corp

**ARTICLE II. PRINCIPLE OFFICE**

The principal place of business and mailing address of this corporation shall be:

18331 Pines Boulevard #319  
Pembroke Pines, FL 33029

**ARTICLE III. SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

**ARTICLE IV. INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

Ferney Garcia  
19031 SW 15<sup>th</sup> Street  
Pembroke Pines, FL 33029

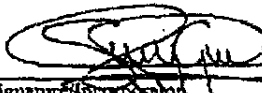
**ARTICLE V. INITIAL DIRECTORS NAMES AND ADDRESSES**

Ferney Garcia, President	Beatriz Garcia, Vice President
19031 SW 15 <sup>th</sup> Street	19031 SW 15 <sup>th</sup> Street
Pembroke Pines, FL 33029	Pembroke Pines, FL 33029

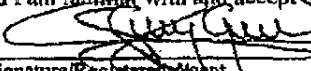
**ARTICLE VI. INCORPORATOR**

The name and address of the Incorporator to these Articles of Incorporation is:

Ferney Garcia  
19031 SW 15<sup>th</sup> Street  
Pembroke Pines, FL 33029

X  \_\_\_\_\_  
Signature of Incorporator Date 1-23-06

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

X  \_\_\_\_\_  
Signature/Registered Agent Date 1-23-06

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