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| Certified Copies | _ Certificate | s of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only

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SECRETARY OF STATE

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COVER LETTER

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

| | , (1101 0525 0516 0161 | MUDIATOR | ODE BUTTER) | |
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| | | | • | |
| Enclosed are an orig | inal and one (1) copy of the arti | cles 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: | MIGUEL R | Printed or typed) | · | |
| 409 BELYEDERE CYAL | | | | |
| | Tam pa | FL 336 State & Zip | 17 | |
| | (813) 4 5 Daytime T | 4 - 9519 elephone number | | |



RECEIVED

FLORIDA DEPARTMENT OF STATE 6 AUG 18 PM 4: 06 Division of Corporations

August 8, 2006

L'EPARTMENT OF STATE DIVISION OF CORPURATIONS TALLAHASSEF, FLORIDA

MIGUEL RIVERA 409 BELVEDERE OVAL TAMPA, FL 33617

SUBJECT: TRULY YOURS REAL ESTATE & FINANCE SERVICES, INC.

Ref. Number: W06000034957

We have received your document for TRULY YOURS REAL ESTATE & FINANCE SERVICES, 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 document must state the number of shares of authorized stock.

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 Filing Section

Letter Number: 706A00049357

06 AUG 18 PM 4: 45

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE TALLAHASSEE. FLORIDA

| ARTICLE I NAME |
|---|
| The name of the corporation shall be: |
| TRUM YOURS REAL ESTATE & FINANCE SERVICES, INC |
| ARTICLE II PRINCIPAL OFFICE |
| The principal place of business/mailing address is: |
| 409 BELYEDERE OVAL |
| TEMPLE TERRACE, FL. 33617 |
| ARTICLE III PURPOSE |
| The purpose for which the corporation is organized is: |
| TO ORIGINATE & PROCESS REAL ESTATE AND MORTGAGES |
| ARTICLE IV SHARES |
| The number of shares of stock is: |
| Ωθ |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS |
| List name(s), address(es) and specific title(s): |
| MIGUEL RIVERA TROCT JUAN CAPLOS PEREZ |
| List name(s), address(es) and specific title(s): President JUAN CARLOS PEREZ 409 BELVEDERE OVAL JUAN CARLOS PEREZ 3 HAMILTON HEATH |
| |
| TEMPLE TERRACE, PL33617 TAMPA FL 33604 |
| ARTICLE VI REGISTERED AGENT |
| The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: |
| MIGNER KNEED |
| 409 BELVEDERG OVAL |
| TEMPLE TERRACE, PL 33617 |
| ARTICLE VII INCORPORATOR |
| The <u>name and address</u> of the Incorporator is: |
| HOS BELLEDERE DIAL |
| MIGUEL PUEPA 409 BELVEDERE OVAL TEMPLE TERRACE, FL 33617 |
| (by write (by |
| 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 familial with and accept the apphintment as registered agent and agree to act in this capacity |
| 1/26/06 |
| Signature Registered Agent) Date / |
| 7/26/06 |
| (Signature/incorporator Date |