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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FERNANDO JIMENO Account Number : 074553003252

Phone : (305)826-1711

Fax Number : (305)826-1738

FLORIDA PROFIT/NON PROFIT CORPORATION

EQUIMORTGAGE BANKERS, CORP.

| Certificate of Status | 1 |
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| Certified Copy | U |
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OFFICE OF FINANCIAL REGULATION

FINANCIAL SERVICE COMMISSION

CHARLIE CRIST GOVERNOR

BILL MCCOLLUM ATTORNEY GENERAL

ALIX SINK CSHO FINANCIAL OFFICER

> CHARLES BRONSON COMMISSIONER OF AGRICULTURE

January 12, 2007

Ms. Daisy Olin 6841 SW 127 Path Miami, Florida 33183

Dear Ms. Olin:

DON B. SAXON

COMMISSIONER

Re. EquiMortgage Bankers, Inc.

Thank you for your recent letter/fax requesting approval for use of the above-referenced name.

It is the opinion of this Office that the above-referenced corporate name is definitive enough to differentiate the business being conducted from that of a commercial bank or trust company.

The Office does not object to your use of the above-referenced name being registered to conduct business in the state of Florida. However, this does not give one the authority to act in any licensed capacity until all licensing requirements have been met within this state.

Sincerely,

Linda B. Charity Director

LBC:ker

cc: Karon Beyer, Chief, Bureau of Commercial Recordings, Division of Corporations, Department of State Sandra Green, Bureau of Finance Regulation

> MAB ING ADDREAS - DIVISION OF TINANCIAE INSTITUTIONS 200 EAST GAINEN STREET - TALLAHASSEF, FLORIDA - 32399-0371 (850) 410-9800 • FAX (850) 410-9548

> > Attenuative Action / Equal Opportunity Employer

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ARTICLE OF INCORPORATION OF

EQUIMORTGAGE BANKERS, CORP.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

EQUIMORTGAGE BANKERS, CORP.

Article II

The principal place of business and mailing address is:

5803 N.W. 151st STREET SUITE 105 MIAMI LAKES, FL 33014

Article III

The purpose for which this corporation is organized is:

Any and All Lawful Business.

Article IV

The number of shares the corporation is authorized to issue is:

100 shares @ \$5.00 par value

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article V

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

Daisy Olin 6641 S.W. 127TH Path Miami, FL 33183

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature:

Article VI

The name and address of the incorporator is:

Daisy Olin 6641 S.W. 127^{TII} Path Miami, FL 33183

Incorporator Signature:

Article VII

The initial officer(s) and/or director(s) of the corporation is/arc:

President, Secretary. Daisy Olin 6641 S.W. 127TH Path Miami, FL 33183