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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

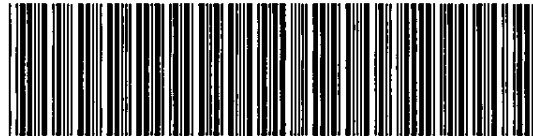
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 JAN 26 PM 2:23
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Neighborhood Lenders 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: Alejandro Valdés
Name (Printed or typed)

10963 SW 69 Terrace
Address

Miami, FL 33173
City, State & Zip

(305) 240-9353
Daytime Telephone number

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:

Neighborhood Lenders Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*10963 SW 69 Terrace
Miami, FL 33173*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Mortgage Broker Business

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*Alejandro Valdes
10963 SW 69 Terrace
Miami FL 33173
Chief Executive Officer*

*Lourdes Valdes
10963 SW 69 Terrace
Miami, FL 33173
Chief Financial Officer*

ARTICLE VI REGISTERED AGENT

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

*Lourdes Valdes
10963 SW 69 Terrace
Miami, FL 33173*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Alejandro Valdes
10963 SW 69 Terrace
Miami, FL 33173*

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]

Signature/Registered Agent

1/23/07

Date

[Signature]

Signature/Incorporator

1/23/07

Date

FILED
07 JAN 26 PM 2:23
CLERK OF STATE
TALLAHASSEE, FLORIDA