

## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

## FLORIDA PROFIT/NON PROFIT CORPORATION

OWNERS MORTGAGE AND FINANCIAL SERVICES CORP.

Certificate of Status	0
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1/29/2007

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# ARTICLES OF INCORPORATION OF

07 JAN 29 AN ID: 31 LECENTRAL CONSTATE TALLAHASCER, FRORIDA

OWNERS MORTGAGE AND FINANCIAL SERVICES CORP.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

OWNERS MORTGAGE AND FINANCIAL SERVICES CORP.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business of this corporation shall be:

410 SW 135<sup>TH</sup> AVENUE MIAMI, FL 33184

## ARTICLE III NATURE OF HUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

#### ARTICLE IV CAPITAL STOCK

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

1000 shares \$1.00 par value

#### ARTICLE V OFFICERS DIRECTORS

The name(s) and street address (es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected is (are):

JOVELYN BELONIO 410 SW 135<sup>TH</sup> AVENUE MIAMI, FL 33184

### ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these articles of incorporation is (are):

JOVELYN BELONIO 410 SW 135<sup>TH</sup> AVENUE MIAMI, FL 33184

IN WITNESS	WHEREOF, the	undersigned in	ncorporator(s)	has (have)
	Articles of Inco			
JANAURY_	. 2007.			

Signature(s) of Incorporator(s)

HED

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# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

DOFFICE LAHARDER, PEPRIDA

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corpo	ration:	
OWNERS MO	RTGAGE AND FINANCIAL SERVI	CES CORP.
2. The name and address	of the registered agent and office is:	
JOVELYN BELONIO	410 SW 135 <sup>TR</sup> AVENUE (P.O. BOX NOT ACCEPTABLE)	<u> </u>
<u></u>	MIAMI, FL 33184 (CITY/STATE/ZIP)	
	SIGNATURE	Colom
	TTTLE	gren
	DATE	1/29/07

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO A CT IN THIS CAPACITY, AND I FURTHER A GREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE Solomo DATE 9/09/09