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W08000015384

COVER LETTER

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

SUBJECT: MPA MORTGAGE, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
Enclosed are an origi	inal and one (1) copy of the artic	eles of incorporation and	a check for:	
\$70.00	□ \$78.75	□ \$78.75	□ \$87.50	
Filing Fee			Filing Fee,	
rning rec	& Certificate of Status	& Certified Copy		
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	,			
FROM:	VICTOR M	1. FILLER	OA	
1 1001v1.	VICTOR M. FIGUEROA Name (Printed or typed)			
	2740 SW 97 AVE # 101			
Address				
MIAMI, FL. 33/65 City. State & Zip				
City, State & Zip				
30C-859-3773				
305-559 - 3773 Daytime Telephone number				

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 25, 2008

VICTOR M. FIGUEROA 2740 SW 97 AVE #101 MIAMI, FL 33165

SUBJECT: MPA MORTGAGE, INC. Ref. Number: W08000015386

We have received your document for MPA MORTGAGE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected 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) 245-6062.

Eula Peterson Regulatory Specialist II

Letter Number: 708A00017700

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I The name of the corporation shall be: MPA MORT 6A6E, INC. ARTICLE II PRINCIPAL OFFICE 2740 8W 97 AVE # (01 The principle street address and mailing address, if different is: MiAMI, FL 33/65 **PURPOSE** ARTICLE III RETAIL. The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: 20INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): VICTOR H. FIGUEROA / Pres Polent 2740 SW 97 AVE # 101 MIAMI, Fl. 33/65 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: 2740 SW 97 AVE # 101 VICTOR M. FIGUEROA MIAMI, PL. 33165 **INCORPORATOR** The name and address of the Incorporator is: VICTOR M. FIGUEROA - 2740 8W 97 AVE #101 MIANI, FL 33/65 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 gnature/Registered Agent