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| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only

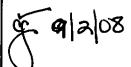


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08 AUG 27 AM 8: 42

DIVISION OF CORPORATION



COVER LETTER

FICED SECRETARY OF STATE DIVISION OF CORPORATIONS

08 AUG 27 AM 8: 42

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

| SUBJECT: usaloan | club.com Inc. | | |
|-----------------------|--|--|---|
| | (PROPOSED CORPOR | ATE NAME – <u>MUST INCI</u> | LUDE SUFFIX) |
| | | | |
| Enclosed are an orig | inal and one (1) copy of the art | icles 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: Jo | e Lynn | | |
| | Name | e (Printed or typed) | |
| | 10710 Central Park Avenue | Address | |
| | New Port Richey FL 34655 City | y, State & Zip | |
| | 727-534-0491 | 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)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

08 AUG 27 AM 8: 42

ARTICLE I NAME

The name of the corporation shall be:

usaloanclub.com Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 10710 Central Park Avenue. New Port Richey, FL 34655

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: peer to peer internet loan corporation

ARTICLE IV SHARES

The number of shares of stock is: 100,000,000

INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Joe Lynn, CEO Judy Lynn, CFO

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: Joe Lynn

10710 Central Park Avenue New Port Richey FL 34655

ARTICLE VII **INCORPORATOR**

The <u>name and address</u> of the Incorporator is: Jo 10

N

| oe Lynn | | | | |
|--|--------------------------------------|--|------------------------|-------------------------------------|
| 0710 Central Park Avenue | | | | |
| ew Port Richey FL 34655 | | | | |
| | | | | |
| ****** | ****** | ****** | ****** | ****** |
| Having been named as registere certificate, I am familiar with and | ed agent to accept served accept the | vice of process for the ent as registered agent | above stated corporati | ion at the place designated in this |
| | | | | · |
| | \mathcal{A}_{I} | | 96 | 2 1 2 08 |
| | Mun | | Q0 | 14000 |
| Signature/F | egistered Agent | JOE LYND | | Date |
| \swarrow | E Sofun | | 2: | 2 Avx 08 |
| Signature | /moorporator | JOCLYNN | (2- | Date |
| ~ | / - | • • | | |