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3ECKLERY OF STATE TALLAHASSEE, FLORIDA

EP 5/18/09

COVER LETTER

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

SUBJECT:	ERCTY FINANCE	TATE NAME - MUST INCL	ic,
			UDE SUFFIX)
Enclosed are an ong	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	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRED	
FROM:	Acouso T. M. Name	ASHINGTON e (Printed or typed)	
		Address	
	PEMBROXE PAVES City,	FL 3300	9
	954.214.	269/ Telephone number	
	F.mail address: (to be use	d for future annual report i	notification)

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: KEARTY FINANCING INC. ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 601 NW 203 TERRACE PEMBROKE PINES, FL. 33029 ARTICLE III PURPOSE The purpose for which the corporation is organized is: TO PROVIDE MORTGAGE RELATED SERVICES FOR A FEE. ARTICLE IV SHARES The number of shares of stock is: 100 INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): PRESIDENT: ACOURD T. WASHINGTON GOI NIW 203 TERRACE PEMBROKE PANES, FL. 33029 REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: ALONZO T. CEASHINGTON 601 NW 203 TERRACE PEMBROKE PINES FL. 33029 ARTICLE VII **INCORPORATOR** The name and address of the Incorporator is: ALONZO T. MASAMGENS GOV NW 203 TERRACE PEMBROKE PINES FL. 33009

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 his capacity

Signature/Registered Agent

Date

5-//- 09

Signature/Incorporator

Date