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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				
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SECRETARY OF STATE

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# **COVER LETTER**

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

SUBJECT: Profess	sional Lender, Inc.		
	(PROPOSED CORPORA	TE NAME <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate o Status
		ADDITIONAL COPY REQUIRED	
FROM: Eliz	zabeth Ramirez Nam	e (Printed or typed)	
***************************************	Nam	e (Printed or typed)	
113	952 SW 132 Ct	Address	
		Addiess	
<u>Mia</u>	ımi, Florida 33186	, State & Zip	
	City,	, state & Zip	
(78	6) 925-5013	Telephone number	
	• Daytime	i elephone number	
eliza	abeth@netbusiness.com		
	E-mail address: (to be use	ed 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:

Professional Lender, Inc.

# ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 9010 SW 137 Ave Suite 217

Miami, Florida 33186

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

## <u>ARTICLE IV</u> 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):

Elizabeth Ramirez (President) 9010 SW 137 Ave Suite 217

Miami ,FI 33186

#### ARTICLE VI REGISTERED AGENT

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

9010 SW 137 Ave Suite 217

Miami, Florida 33186

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Elizabeth Ramirez

9010 SW 137 Ave Suite 217

Miami, Florida 33186

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/Registered Argent Date

03/20/2010

Date

03/20/2010

Signature/Incorporator Date