P960000 25914 TRANSMITTAL LETTER

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

200001741042 -03/13/36--01031--004 ++++78.75 ++++78.75

| FROM: SUSAN B. SIMON Name (printed or typed) 10619 W. Atlantic Blvd. # 124 Address Comal Springs, FL 33041 City, State & Zip J (954) 345-2334 | \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate | #122.50 Filing Fee & Certified Copy Additional Cop | \$131.25 Filing Fee, Certified Copy & Certificate y Required | |
|---|-----------------------|----------------------------------|--|--|-----------------|
| Address <u>Com</u> Springs, FL 33041 City, State & Zip (954) 345-2334 Es 8 | FROM: | Name | (printed or typed) | | # 124 |
| (954) 345-2334 Es & | | Coml | Springs. | - | <i>‡</i> |
| Daytime Telephone number | | (954) 3 Daytime | 345 – 2339 Telephone number | 7 | 171171 25175 |

(Proposed corporate name - must include suffix)

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

63 3/25/96

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

96 MAR 25 AN IO: 20

March 15, 1996

SUSAN B. SIMON 10619 W ATLANTIC BLVD #124 CORAL SPRINGS, FL 33071

SUBJECT: AMERICAN UNITED MORTGAGE CORP.

Ref. Number: W96000005729

We have received your document for AMERICAN UNITED MORTGAGE CORP. 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 registered agent designated must be an active Florida corporation or limited liability company or a foreign corporation or limited liability company authorized to transact business in Florida. Please correct the document accordingly.

Please return 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 (904) 487-6931.

Garrett Blanton Document Specialist

Letter Number: 096A00011833

ARTICLES OF INCORPORATION

96 HAR 25 AM 10: 20

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business

Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

American United Mortgage Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

10619 W. Atlantic Blvd. # 124 coral Springs, FL 33041

ARTICLE III SHARES

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

1000 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

L. ANN SANTOLI 5015 N.W. 10475 WAY COTAL SPRINGS, FL. 33076

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Susan B. Simon

10619 W. Atlantic Blvd. #124

Coral Springs, FL 33071

Violet Santoli
10619 W. Atlantic Blvd. #124

Coral Springs, FL 33071

Denis C. Santoli
10619 W. Atlantic Blvd. #124

Coral Springs, FL 33071

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

6 day of March , 19 96

(An additional article must be added if an effective date is requested.)

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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 corporation is: | American | United | Mortgage (| Corp. |
|------------------------------------|----------|--------|------------|-------|
| | | | | |

2. The name and address of the registered agent and office is:

| L. ANN. SANTOLI | ` . | |
|--|----------------|-----|
| 50 15 N W 10 4 T2 WAY. (P.O. Box or Mail Drop Box NOT ACCEPTABLE) | 6 HR 2 | 1 6 |
| COTAL SPHINGS FL. 33076 | 2 0111 5 | |

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

d. Un Santoli 3/22/96 (SIGNATURE) (DATE)