Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 (Proposed corporate name - must include suffix) SIDDOO17'66313 -04/02/96--01063--013 ++*++78.75 +++++78.75 Enclosed is an original and one (1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 \$122.50 \$131.25 Filing Foo Filing Fee Filing Fee, Certified Copy Filing Fee & Curtificate & Certified Copy & Certificate Additional Copy Required Nicholas FROM: Name (printed or typed) Shadow Lake Or Low wood

> 9 1996 ΔPR F. CHESSER

32779

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

City, State & Zip

407-786-41 51 Daytime Telephone number

ARTICLES OF INCORPORATION

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:

Covernment Employers Mortgage Company

ARTICLE II PRINCIPAL OFFICE

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

Po Box 915173

Longwood, fl 32791-5173

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Nicholas J. Reale

105 Shadow lake Dr

Longwood, Fr 32779

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):

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

28 day of February , 19 96

Signature

Signature

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: Sovernment Employees Mort	yage Company
2.	The name and address of the registered agent and office is:	95 APR
	Nicholas 3 Reale	-1 AN
	(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	7: 14 FLORIDA
	Ongwood Fl 32779	-

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.

Teiholis J. Tele
(SIGNATURE) (DATE)