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

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SUBJECT: _	EXECUTIVE T	RUST MORTGAGE	CORPORATION					
(Proposed corporate name - must include suffix)								

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(D)						
City, State & Zip (305) 362-6881						
Daytime Telephone number						
	-2 RIB:					

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

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:

EXECUTIVE TRUST MORTGAGE CORPORATION

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SECRETAL STAFF

ARTICLE II PRINCIPAL OFFICE

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

16969 N.W. 67 avenue Suite 202 Miami, Florida 33015

ARTICLE III SHARES

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

One Thousand (1000) Shares of stock.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Sophia Flores 16969 N.W. 67 Avenue Suite 202 Miami, Florida 33015

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):

Sophia Flores 16969 N.W. 67 Avenue Sulte 202 Miami, Florida 33015

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

1st day of April 19 96

Signature

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:	EXECUTIVE TRUST MORTO	AGE CORPORATION				
2.	The name and address of the regist	ered agent and office is:	SECRET:				
	SOPHIA F	SOPHIA FLORES					
	-	三声点 器 🗖					
		W. 67 Avenue Suite 2	02 DH 3				
	(P.O. Box or Mail Drop Box NOT ACCEPTABLE)						
		Florida 33015					
(CITY/STATE/ZIP)							

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.

SIGNATURE) 4/1/96
(DATE)