P9600006915

TRANSMITTAL LETTER

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

70000191910557 -00/01/96--01040--011 *****78.75 *****78.75

	cifions co	ORP. same • must include suffi	x)		
Enclosed is an original for: \$70.00 Filing Fee	and one (1) co \$78.75 Filing Fee & Certificate	py of the articles of \$122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate	and a check	
. FROM:	WARREN Name	MYLES FACT	rol		
	2424 N.	Federal Hygi	way Sui	ie 400	
		TON FLORIDA Ny, State & Zip	33431	177 SE(36	
10/101		7-9999 Telephone number		FILE 95 AUG 12 SEGRETARY O ALLAHASSE	! :
5-16/61 CR 8.1				PH 3: 33 OF STATE E, FLORIDA	;

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



August 2, 1996

WARREN MYLES FACTOR 2424 N. FEDERAL HIGHWAY SUITE 400 BOCA RATON, FL 33431

SUBJECT: FACTORS CORP Ref. Number: W96000016161

We have received your document for FACTORS CORP and your check(s) totalling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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) 487-6052.

Kimberly Rolfe Document Specialist

Letter Number: 896A00036996

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: FACTOR'S CORP

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ARTICLE II PRINCIPAL OFFICE

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

BUCA Raton, FLORIDA, 33431

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000 ONE THOUSAND SHARES

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

WARREN MYLES FACTOR
2424 NORTH FEDERAL Highway Suite 400
BOCA RUTON
FLORIJA
33431

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):

WARREN MYKS FACTOR

2424 N. Federal highway suite 400

Boca Ratun, FLORIDA, 33431

NANCY SUSAN FACTOR

2424 Nifederall highway Suite 400

Boca Reiton, Florida, 33431

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

25 day of July , 1996.

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

Signature

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:	WARNAN FACTORS	COLP.				
			2 P			
2. The name and address of the registered agent and office is:						
WARREN	MYLES FACTOR		-			
(P.O. Box of Mail Drop Box NOT ACCEPTABLE)						
Boca Reito	CHY/STATE ZIP)	31	<u>.</u>			

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.

	Mar.	•••	7/25/96.	Σ,
	(SIGNATURE)	_	(DATE)	,