· P96000067717

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	4 (1) 1 (1) 1 (2) 24 (3) 34 -08/16/9601056002 +++++70,00
SUBJECT: <u>//a// S/R-co</u> (Proposed corporate	- Mortgage Corporation name - must include suffix)
Enclosed is an original and one (1) c for: \$70.00 \$78.75 Filing Fee & Certificate	opy of the articles of incorporation and a check \$122.50 \$131.25 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate Additional Copy Required
FROM: Tho M	o (printed or typed)
<u> 1954</u>	Address Add

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

8 H96

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.

		I NAME		_
The name of the corporation shall be:	Wall	Street	Mortgage	Corporation

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

1500 N.W. 494 Street 5th Floor

1500 N.W. 49th Street 5th Floor Ff Landerdale FL 33309

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

| DNe Million Skares |

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

Thomas Lower 1500 NW. 49th Street 5th Floor Fort Louderdale FL 33309

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):

Thomas Rowen 1500 N.W. 49th Street 5th Floor Fort Landordale FL 33309

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

8 day of <u>August</u> . 19<u>96</u>.

(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.

The name of the corporation is:	Ulall Street No	<u> Elgage (xyoutis</u>
2. The name and address of the regis	tered agent and office is: Long Evilon (NAME)	8505 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1500 (P.O. Bo	NUL 14h Street 5th Tlood ox or Mail Drop Box NOT ACCEPTABLE) Landerdale Fl 33309 (CITY/STATE/LIP)	LED 2 FII 2: 40 2 FII 2: 40

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.

Momers Journ Aug 8 1996 (SIGNATURE) (DATE)