600002144636--2 -04/16/97--01035--015 \*\*\*\*122,00 \*\*\*\*122,00 MIAMI, FLORIDA 33174 (305)552-5973 City/State/Zip Phone # Office Use Only LOCAL REPRESENTATIVE TALLAHASSEE CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy

Certificate of Status

Certificate of Status (Corporation Name) (Document #) Pick up time 2,00 Walk in Mail out Will wait ☐ Photocopy AMENDMENTS NEW FILINGS **Profit** Amendment NonProfit Resignation of R.A., Officer/ Director **Limited Liability** Change of Registered Agent Dissolution/Withdrawal **Domestication** Other OTHER FILINGS **Annual Report** Foreign' Fictitious Name Limited Partnership Name Reservation Reinstaterben Tradomark W97-8907 Other K.R. APR 1 6 1997 Examiner's Initials

CR2E031(1/95)



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 16, 1997

LAZARUS CORPORATE INDUSTRIES, INC. 890 SW 87TH AVENUE SUITE 16 MIAMI, FL 33174

SUBJECT: THE MORTGAGE DEPOT INC. Ref. Number: W97000008907

We have received your document for THE MORTGAGE DEPOT INC. and your check(s) totaling \$122.00. 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<sup>©</sup> (904) 487-6932.

Kimberly Rolfe Document Specialist

Letter Number: 997A00019372 👼

## **ARTICLES OF INCORPORATION**

The undersigned incorporator(s), for the purpose of forming a comporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

THE MORTGAGE DEPOT CENTER INC.

97 APR 18 PH 12: 44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 222 NE 27 STREET MIAMI, FLORIDA. 33137

#### ARTICLE III SHARES

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

ONE THOUSAND (1,000)

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARCOS F. PALACIOS 21378 MARINA COVE CIRCLE #15-B AVENTURA, FLORIDA. 33180

## ARTICLE V INCORPORATOR(S)

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

TERESA A. PALACIOS

President, Vice-president, Secretary, treasurer

### ARTICLE VI DIRECTOR(S)

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

TERESA A. PALACIOS 7441 WAYNE AVE. #7C MIAMI BEACH, FL. 33141

The undersigned incorporator(	s) has(have) executed these Articles of Incorporation this
day of ,	
	Teres a Harris
	Signature
	Signature
	Signature

Articles of incorporation Filing Fee - \$35

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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 corpo	ration is: <u>r</u>	HE MOI	RTGAGE	DEPOT	CENTE	R INC.	•
2. The name	and address	of the regist	ered ag	jent and	l office is	<b>:</b>	,	
_MARCOS_	F PATACI	os						
		(NAME	:)					
21378 MA		CIRCLE #1					, <u>, ,</u>	
	(P	O. BOX <u>NOT</u>	ACCE	PTABLE	<b>:</b> )			
ΔΥΕΝΨ	TIRA FLOR	IDA . 3318	10	•				
AVENI	ORNY I HON	(CITY/S		P)			—	
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PROCESS I THIS CERT AND AGRE PROVISION FORMANC	FOR THE AB IFICATE, I H E TO ACT IN IS OF ALL S E OF MY DI	O AS REGIS OVE STATED EREBY ACCI I THIS CAPA TATUTES RE JTIES, AND I N AS REGIST	O CORPEPT THE CITY. I ELATING AM FA	PORATIC E APPO FURTH G TO TI AMILIAR	ON AT TI DINTMEN IER AGP HE PRO WITH A	HE PLAC IT AS RI IEE TO 4 PER AN AND ACC	CE DESIG EGISTERE COMPLY V D COMPL	NATED IN 3D AGEN WITH THI ETE PER
in the state of th		, •	UA	e e	(1) (1) (1) (1) (1) (2)	5th- 1.9	SECRETARY OF STATE	J.

REGISTERED AGENT FILING FEE: \$35.00