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

7

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$78.75 Filing Fee

& Certificate

\$122.50

Filing Fee & Certified Copy \$131.25 Filing Fee,

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

JAN 1 6 1998 F. CHESSER

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

El Coqui Mortgage Corp

ARTICLE II PRINCIPAL OFFICE

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

The name of the corporation shall be:

4313 LK MARGARET Dr OR/Ando F1 32812

ARTICLE III SHARES

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

100 shares (NO par value)

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

Roberto C. CASTEllanos U313 LK MArgaret Or ORlando F1 32812

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):

Roberto	@ QASTEllanos
4313 LK	Margaret Dr
	Fl 32812

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
14 day of 34 , 199
(An additional article must be added if an effective date is requested.)
Signature (PVP, S,T)
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_	El	Coqu	ì	Mortg	Aga	Corp
2.	The name and address of the reg				italla		

Roberto C RASTELLAMOS

(NAME)

4313 LK MARGARETO PALLAHASSELLAMOS

(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

ORlando Fl 37812

(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated exporation 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) 1-14-98
(DATE)