D9800031420 TRANSMITTAL LETTER

FILED DIVISION OF CORPORATIONS

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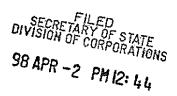
Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

300002476678--6 -04/02/98--01055--010 *****78.75 *****78.75

SUBJECT: Florida Home Financing Services, INC,						
(Proposed corporate name - must include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a check for :						
☐ \$70 Filing l	.00	\$78.75 Filing Fee & Certificate	□\$12 Filing & Cer	2.50 Fee tified Copy	\$131.25 Filing Fee, Certified Copy & Certificate Y REQUIRED	
FROM: BERNON E. Thomas Name (Printed or typed) P.O. BOY 700457 Address						
5t. Cloud, Florida 34770-0457 City, State & Zip (407) 892-3655 or (407) 892-						
Daytime Telephone number						

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

AUTHORIZATION BY PHONE TO



ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

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ARTICLE I NAME	
The name of the corporation shall be:	
Florida Home Financing Services, INC.	
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 1209 Virginia ave. St. Cloud, Fl. 34769 ARTICLE III SHARES ARTICLE III SHARES	
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:	
1000	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: Contact Cont	
The name and address of the incorporator to these Articles of Incorporation are:	•
BERNON E. Thomas 4805 Citrus Oaklin. St. Cloud, Fl. 34771	
Comman March 26, 1998	_

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

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 ager

Signature/Registered Agent

Signature/Incorporator

March 26,1998

Date

Date