OFFI USE ONLY DOG AS #)	3558	6
I ZARUS CORPORATE FILING SERVICE, INC.		
(Requestor's Name) 3320 S.W. 87th AVENUE	•	# 10 m 10
(Address)		
MIAMI, FLORIDA (305)552-5973 (City, State, Zip) (Phone #)		
LOCAL REPRESENTATIVE TALLAHASSEE	OFFICE USE ONLY	
CORPORATION NAME(S) & DOCUMENT NUMB	ER(S) (if known):	· · · · · ·
1. RONIO MORIGA GE // (Corporation Name)	(Document #)	98
2. (Corporation Name)	(Document #)	FILED APR 20 PM 12: APR 25 PM 12: APR 25 PM 12:
3. (Corporation Name)	(Document #)	ZO PHIZ
4. (Corporation Name)	(Document #)	
Walk in Pick up time 20	Certified Copy	5 5
Mail out Will wait Photocopy	Certificate of Status	
NEW FILINGS AMENDME Profit Amendment	NTS OF	-10 MOV 86
	A., Officer/Director	
. Limited Liability Change of Register Domestication Dissolution/Withdom		AH II: 07
Domestication Dissolution/Withdom Other Merger	rawai)77
		-
OTHER FILNGS REGISTRATION QUALIFICATION	800002.	4921985 /9801055007 22.50 ****122.50
Annual Report Foreign		_E.JU *****1CE.JU
Name Reservation Limited Partnersh	ip 4/20/99	•
Reinstatement Trademark	7 41/01/	
Other	Examiner's Initia	ls



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 17, 1998

LAZARUS

MIAMI, FL

SUBJECT: PRONTO MORTGAGE INC.

Ref. Number: W98000008651

We have received your document for PRONTO MORTGAGE INC.. However, the document has not been filed and is being returned for the following:

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 a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of 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 (850) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 198A00020761

DIVISION OF CORPORATION

ARTICLES OF INCORPORATIO

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 !

The name of the corporation shall be:

PRONTO MORTEAGE LEADERS

ARTICLE II PRINCIPAL OFFICE

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

1748 W. 68st.

HIALEAN, FLORIDA 33014

ARTICLE III SHARE

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

shares: 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREE

The name and address of the initial registered agent is:

ABUSTIN PARLA' 1748 W. 685t. HIALEAH, FLA. 33014

ARTICLE V INCORPORATOR(S)

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

ABUSTIN PARLA 1748 W. 68st. HIALEAH, FLORIDA 33014

ARTICLE VI DIRECTOR(S)

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

AFUSTIN PARLA (President) 1748 W. 68ST HIALEAH, FLORIDA 33014

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this _______, 19_98.

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 corporation is: PRON+O MOR+GABEL	
	LENDERS Tuc.	r i
2.	The name and address of the registered agent and office is:	•
	ABUSTIN PARLA	
	(NAME) AMA AMA AMA AMA AMA AMA AMA AMA AMA AM	
	1748 W. 68 St.	
	(P.O. BOX <u>NOT</u> ACCEPTABLE)	
	HIACEAL, FLORIDA 330/4	
	(CITY/STATE/ZIP)	

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.

SIGNATURE CONTROL OF THE STATE OF THE STATE

REGISTERED AGENT FILING FEE: \$35.00