

**P98000040720**  
**TRANSMITTAL LETTER**

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

700002509297--7  
-05/04/98--01043--014  
\*\*\*131.25 \*\*\*131.25

**SUBJECT:** DEALER FINANCIAL Center, Inc.  
(Proposed corporate name - must include suffix)

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

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☒ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM:** Roxanne Mastrantonio  
Name (Printed or typed)

685 SW 89 Terrace  
Address

Ocala, Florida 34481  
City, State & Zip

(352) 873-3383  
Daytime Telephone number

Roxanne Mastrantonio GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT Art. IV  
DATE 5/5/98  
DOC. EXAM Deirdre Brown

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

**D. BROWN MAY - 5 1998**

# 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.

## ARTICLE ONE

THE NAME OF THE CORPORATION IS *DEALER FINANCIAL CENTER, INC.*

## ARTICLE TWO

THE PERIOD OF DURATION IS *PERPETUAL*

## ARTICLE THREE

ITS PURPOSE IS TO TRANSACT *MORTGAGE BROKER BUSINESS AND ANY AND ALL OTHER BUSINESS NOT FORBIDDEN BY LAW.*

## ARTICLE FOUR

IT SHALL HAVE THE AUTHORITY TO ISSUE ONE STOCK SHARE(S) , ALL OF ONE CLASS.

ARTICLE FIVE

THE ADDRESS OF ITS PRINCIPAL OFFICE IS 10935 SE 177<sup>TH</sup>  
PLACE SUITE 506-7, SUMMERFIELD, FLORIDA 34491 AND THE  
MAILING ADDRESS IS P.O. BOX  
772394 OCALA, FLORIDA 34477-2394. THE NAME OF THE  
REGISTERED AGENT IS ROXANNE MASTRANTONIO WHOSE ADDRESS  
IS 685 SW 89 TERRACE, OCALA, FLORIDA 34481

ARTICLE SIX

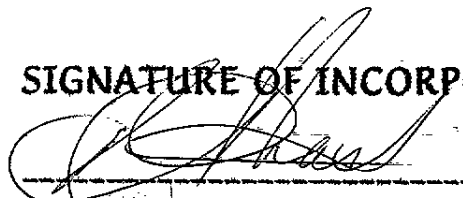
THE NUMBER OF DIRECTORS CONSTITUTING ITS INITIAL BOARD OF  
DIRECTORS IS ONE AND THE NAME AND ADDRESS IS :

ROXANNE MASTRANTONIO  
685 SW 89 TERRACE  
OCALA, FLORIDA 34481

ARTICLE SEVEN

THE NAME OF THE INCORPORATOR IS ROXANNE MASTRANTONIO  
WHOS ADDRESS IS 685 SW 89<sup>TH</sup> TERRACE, OCALA, FLORIDA 34481.

SIGNATURE OF INCORPORATOR

 4-24-98  
\_\_\_\_\_  
ROXANNE MASTRANTONIO DATE

HAVING BEEN NAMED AS \_\_\_\_\_ 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 OF REGISTERED AGENT

  
\_\_\_\_\_  
ROXANNE MASTRANTONIO

1-24-98  
DATE

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
98 MAY -14 PM 4:04