

TRANSMITTAL LETTER

P98000069962

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

200002609392--0
-08/06/98--01058--015
*****70.00 *****70.00

SUBJECT: C & K Mortgage, 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: Clifton Samuels
Name (Printed or typed)

10886 Saddle horn Dr.
Address

Jax., FL 32257
City, State & Zip

(904) 264-6607
Daytime Telephone number

98 AUG -6 PM 3:21
FILED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

[Handwritten initials]
8-11-98

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 I NAME

The name of the corporation shall be:

C & K Mortgage, Inc

ARTICLE II PRINCIPAL OFFICE

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

10886 Saddlehorn Dr.
Jax., FL 32257

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Clifton Samuels
10886 Saddlehorn Dr.
Jax., FL 32257

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Clifton Samuels
10886 Saddlehorn Dr.
Jax., FL 32257

Clifton Samuels
Signature/Incorporator

8-4-98
Date

(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 agent

Clifton Samuels
Signature/Registered Agent

8-4-98
Date

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TALLAHASSEE, FLORIDA