PASSITTALET 1032-

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

500002611555--5 -08/10/98--01057--013 ****131.50 *****131.50

SUBJECT: TAX	DUCTOR	MORTGAGE	COMPHO	JY
(P	roposed corporate	name - must include su	ffix) ·	•
Enclosed is an original for:	and one (1) cop	y of the articles of i	ncorporation an	d a check
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
FROM:	PETEC	ARANGO	20	·
	452	Address	BLVD, SUITE	5 365
	PAZN	1 BEACH G y, State & Zip	THOBUS, FR	33418
	(56)	7/2-/// Telephone number	<u> </u>	98 AL
· .		Soprono number	· · · · · · · · · · · · · · · · · · ·	UG 10 PH 1: 12

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

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

The name of the corporation shall be:

TAX DOCTOR MORTGAGE COMPANY

ARTICLE II PRINCIPAL OFFICE

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

2090 PACM BEACH LAKES BLUD SUITE 700 WEST PALM BENEN, PL 33409

ARTICLE III SHARES

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

1000 Shores @ No par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PETER THRANGERO 4521 PGA BLUD. SUITE 365 PALM BEACH GARDENS, FL 33418

ARTICLE V INCORPORATOR(S)

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

Peter TARANGERO
117 BENT TREE DRING Peter Price
PALM BENCH GARDONS, 717 US HIGHWAY 1
FZ 33418 # 904
Jupita, FL 33477

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

3rd day of August 19 98

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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: THE DOCTOR MONTGAGE COMPAN	14				
		2				
2.	The name and address of the registered agent and office is:					
PETER TARANGEZO						
(Name)						
	4521 PGA BLVD, SUITE 365					
(P.O. Box not acceptable)						
	PALM BEACH GARDONS, PL 33418					
	(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)

8-3-98
(Date)