CORPORATE ACCESS,

1116-D Thomasville Ro $^{\rm ad}_{\varphi}$ d . Mount Vernon Square . Tallahassee, Florida 32303 INC.

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN	7
PICK UP 3/11/98/1:08	
CERTIFIED COPY	95
KPHOTO COPY KFILIN	G Ar
1.) Scure Trust Company Inc. (CORPORATE NAME & DOCUMENT #)	SEC 98
2.) A-1 Funding Corporation (CORPORATE NAME & DOCUMENT #)	ER SE
	PM 2 Y OF ST
(CORPORATE NAME & DOCUMENT #)	2: 37 OPIDA
4.)(CORPORATE NAME & DOCUMENT #)	
5.)(CORPORATE NAME & DOCUMENT #)	5000026126750 -08/11/9801005030 ******78.75 ******78.75
6.)(CORPORATE NAME & DOCUMENT #)	.
7.)	
(CORPORATE NAME & DOCUMENT #)	
(CORPORATE NAME & DOCUMENT #)	
(CORPORATE NAME & DOCUMENT #)	
0.)(CORPORATE NAME & DOCUMENT #)	8 3
SPECIAL INSTRUCTIONS	1

"When you need ACCESS to the world" CALL THE FILING AND RETRIEVAL AGENCY DEDICATED TO SERVING YOU!

: **E.SMITH** ISEP 04 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

August 27, 1998

CORPORATE ACCESS, INC.

SUBJECT: THE FUNDING CORPORATION

Ref. Number: W98000019613

We have received your document for THE FUNDING CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 487-6995.

Letter Number: 198A00044347

Wanda Sampson Document Specialist

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:

A-1 Funding Corporation

ARTICLE II PRINCIPAL OFFICE

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

SORT S. Hwy 17.92 CASSEL BERRY, FI 32707

ARTICLE III SHARES

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

10,000 @ ,001 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

BARRY ABRAHAM 5021 5. HWY17.92 CASSELBERRY, 71 32707 FILED

98 SEP -4 PH 2: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

BARRY ABRAHAM 5021 S. Huy 17,92 CASSELBERRY, 71 32707

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:	A-1 Fund	ing Corpo	ratio	ን ተ <u>ገ</u>
		<u></u>	. Pripari din pi pad	
2. The name and address of the regis	stered agent and office i	is:		
BARR	EN ABRAHAM	~ · · · · ·	98 SEP SECRET TALLAH	77
<u>589</u> (P.O. Bo	ox or Mail Drop Box NOT	M.9Z	ARY OF S	
CASS	elboery Fl	32707	2: 37 TATE ORIDA	

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.

Drug Walnum 3/10/98
(SIGNATURE) (DATE)