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

Florida Discount Mortgage Company (Proposed corporate name - must include suffix) 100002632751--9 -09/04/98--01112--002 ****122.50 ****122.50

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

\$70,00

\$78.75

Filing Fee

Filing Fee

& Certificate

XI\$122.50

Filing Fee & Certified Copy \$131.25

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Laurence Schneider Name (Printed or typed)

> 3520 Magellan Circle #736 Address

Aventura, FL 33180

City, State & Zip

(305) 931-6680

Daytime Telephone number

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

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:

Florida Discount Mortgage Company

Article II - Principal Office

The principal place of business and mailing address shall be: 3520 Magellan Circle #736 Aventura, FL 33180

Article III - Shares

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

1,000 shares of common stock with no par value per share.

Article IV - Initial Registered Agent and Street Address

The Name and Florida Street Address of the initial registered agent are:

Laurence Schneider

3520 Magellan Circle #736

3520 Magellan Circle #736 Aventura, FL 33180

Article V - Incorporator

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

Laurence Schneider

3520 Magellan Circle #736

Aventura, FL 33180

Signature/Incorporator

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/Registered Agent

SECRETARY OF STATE

FILED