P9800083204

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

00002647821--3 -09/24/98-01016-009 *****78.75 ******78.75

SUBJECT:	(Proposed corpo	orate name - must include suf	fix)	-
Enclosed is an original ar	nd one(1) copy of the article	les of incorporation and a	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 CO	PY REQUIRED	
FROM:	TOMMY PAEZ		7 ₅₀ .	^
	Name (Printed or typed)			ទ
	300 ARAGON AVENUE, SUITE 360		SECRETARY ALLAHASSE	
		Address		
	CORAL GABLES,	AN 9: 28 OF STATE E. FLORIDA		
	City	, State & Zip	IDA IDA	
	(305) 442-280			
D Lad	Daytime 1	lelephone 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:

FORECLOSURES ONLINE, INC.

ARTICLE II PRINCIPAL OFFICE

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

300 ARAGON AVENUE, SUITE # 305 CORAL GABLES, FL 33134



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

1000 (One Thousand)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

TOMMY PAEZ 300 ARAGON AVENUE, SUITE 305 CORAL GABLES, FL 33134

ARTICLE V INCORPORATOR

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

TOMMY PAEZ 300 ARAGON AVENUE, SUITE 305 CORAL GABLES, FL 33134

SEPTEM, BER 21, 1998

Signature/Incorporator

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

Signature/Registered Agent

Date