USE ONLY (Document #) LAZARUS CORPORATE FILING SERVICE, INC. (Requestor's Name) 3320 S.W. 87th AVENUE (Address) (305)552-5973MIAMI, FLORIDA (City, State, Zip) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy Pick up time Walk in Certificate of Status Will wait Photocopy Mail out **AMENDMENTS** NEW FILINGS **002660261--4** -10/09/98--01045--020 Amendment Profit ****122.50 *****78.75 Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Othèr Examiner's Initials



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 9, 1998

LAZARUS

MIAMI, FL

SUBJECT: SOUTHERN FINANCE MORTGAGE BANKERS, INC.

Ref. Number: W98000023032

We have received your document for SOUTHERN FINANCE MORTGAGE BANKERS, INC.. However, the document has not been filed and is being returned for the following:

Written approval and clearance of the terms BANK, BANKER, BANC, BANKING, TRUST COMPANY, BANCSHARES, SAVINGS & LOAN ASSOCIATION, SAVINGS BANK, or CREDIT UNION must be obtained from the Division of Banking and Finance, pursuant to section 655.922(2a), Florida Statutes. The address is:

Division of Banking Director's Office 101 E. Gaines St. Fletcher Bldg., 6th Floor. Tallahassee, FL 32399-0350 (850) 488-1111.

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) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 798A00050303

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BECEINED

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under to Corporation Act, hereby adopt(s) the following Articles of Incorporation.	TARY ASSE
·	PH 3: 22 OF STATE EFLORIDA.

Southern Finance Mortgage Lender, Inc.

ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:

ARTICLE III

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

500 0 \$1 = (Dollar)

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

Abraham. E. Reyes 95 Southern Finance Mortgage Lender, Inc. 10300 Sunset Drive # 440 Miami, F1. 33173

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):

Abraham E. Reyes, President 9560 S.W. 166th Drenue MIOMI, FI. 33196

Eddy Goza, Vice-President 15408 S.W. 138th Place Miami, Fl. 33177

The undersigned incorporator(s) has(have) executed these Articles of Incorporation	oration this
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day of <u>Oct.</u>, 1998

(An additional article must be added if an effective date is requested.)

Signature

Notarization is not required

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

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:	Southern Finance Mortgage Lender, 1
2. The name and address of the regis	on E. Reyes (NAME) Mortgage Lender, Inc.
(P.O. Bo	X OF Mail Drop Box NOT ACCEPTABLE) (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

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FI