

Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 487-6013

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346 : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

INTERNATIONAL HOME MORTGAGE NETWORK CORPORATION

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ARTICLES OF INCORPORATION

<u>OF</u>

INTERNATIONAL HOME MORTGAGE NETWORK CORPORATION

The undersigned incorporator, for the purpose of forming a corporation under Florida General Corporation Act, hereby adopt the following Articles of incorporation.

ARTICLE I. NAME

The name of the corporation shall be:

INTERNATIONAL HOME MORTGAGE NETWORK CORPORATION

The principal place of business of this corporation shall be:

10400 S. W. 144th AVENUE MIAMI, FLORIDA 33186

ARTICLE II NATURE OF BUSINESS

The corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: ONE HUNDRED (100)

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

Prepared by: Shirlynn Cabaleiro

10400 S.W. 144th AVENUE MIAMI, FLORIDA 33186 Phone: (305) 213-6308



ARTICLE V OFFICERS DIRECTORS

The name and street address of the initial officer and director, if any, who shall hold office the first year of the corporation's existence or until their successor is elected, is:

SHIRLYNN CABALEIRO 10400 S.W. 144th AVENUE MIAMI, FLORIDA 33186

ARTICLE VI INCORPORATOR

The name and street address of the incorporator to this articles of incorporation is:

SHIRLYNN CABALEIRO 10400 S.W. 144th AVENUE MIAMI, FLORIDA 33186

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 4 haday of 1998.

Signature of Incorporator

CHIRLYNN CABALETRO

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.324, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/Regis- tered agent, in the State of Florida.

1. The name of the corporation:

INTERNATIONAL HOME MORTGAGE NETWORK CORPORATION

2. The name and address of the registered agent and office is:

SHIRLYNN CABALEIRO 10400 S. W. 144th AVENUE MIAMI, FLORIDA 33186

> SIGNATURE SHIRLYNN SABALEIRO

> > BILLIAS DATE

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUES.

> SIGNATUR SHIRLYNN CABALEIRO

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