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Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

SUBJECT:	EXPORT FINANCIAL NETWORK, INC.	
	(Proposed corporate name-must include suffix)	

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

\$70.00

\$78.75

\$122,50

\$131.25

Filing Fee

Filing Fee & Certificate Filing Fee & Certified Copy

Filing Fee, Certified Copy

& Certificate

FROM:

ROBERT C. WILKINS

Name (printed or typed)

8000002733048--1 -01/07/99--01041--017

6597 GENEVA STREET

Address

LAKE WORTH, FL 33467

City, State & Zip

(561) 641-0988

Daytime Telephone number

SECRETARY OF STATEM DIVISION OF CORPORATION 99 JAN -7 PH 5:51

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



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:

EXPORT FINANCIAL NETWORK, INC.

ARTICLE II PRINCIPAL OFFICE

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

6597 GENEVA STREET LAKE WORTH, FL 33467

ARTICLE III SHARES

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

100 (ONE HUNDRED SHARES)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ROBERT C. WILKINS
6597 GENEVA STREET
LAKE WORTH, FL 33467

ARTICLE V INCORPORATOR (S)

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

ROBERT C. WILKINS, PRESIDENT 6597 GENEVA STREET LAKE WORTH, FL 33467

	orator(s) has (have) executed these A	articles of Incorporation this	
1 ST DAY OF JANUAR	Y, 1999.	7 m 12 m 12 m	
	Alex (WI)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	=-
	ROBERT C. WILKINS		
_	Signature		
_			٠
	Signature		
_			_
. –	Signature		

Articles of Incorporation Filing Fee - \$35

<u>CERTIFICATE OF DESIGNATION OF</u> REGISTERED AGENT/REGISTERED OFFCE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.501, FLORIDA STATUES, 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.	1. The name of the corporation is <u>EXPORT FINANCIAL NETWORK, INC.</u>				
2.	The name and address of the registered agent and office is:	DIVISI DIVISI			
	ROBERT C. WILKINS (Name)	RETARKED JAN-7			
	6597 GENEVA STREET (PO Box not acceptable)	PH 5:5			
	LAKE WORTH, FL 33467 (City, State, Zip)	ONS			

Having been named as registered agent and to accept service of process for the above state 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 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)

(Date)

DIVISION OF CORPORATIONS, PO BOX 6327, TALLAHASSEE, FL 32314