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ON USE ONLY Occume #) LAZARUS CORPORATE FILING SERVICE (Requestor's Name)	10005/// , INC.
3320 S.W. 87th AVENUE (Address) MIAMI, FLORIDA (305)552-5973	900027419598 -01/14/9901081018 ******78.75 ******78.75
(City, State, Zip) (Phone #) LOCAL REPRESENTATIVE TALLAHASSEE	OFFICE USE ONLY
1. MRGAGE FACE (Comporation Name)	MENT NUMBER(S) (if known): ORIDA USA (Document #) (Document #)
2. (Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4.	55 7
(Corporation Name) Walk in Rick up time	(Document #)
Walk in Prick up time	Certified Copy
Mail out Will wait	Photocopy Certificate of Status
NonProfit Limited Liability Domestication Other OTHER FILNGS Annual Report Fictitious Name Name Reservation	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ OUALIFICATION Greign Limited Partnership Reinstatement Trademark Other
	Other Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 14, 1999

LAZARUS

MIAMI, FL

SUBJECT: MORTGAGE FLORIDA USA INC.

Ref. Number: W9900001089

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

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: 199A00001997

KECENVED 99 JAN 19 AM 8:56 VISION OF CORPORATIO

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:

MORTGAGE FUNDS USA IMC.

99 JAN 19 PH 12: 23
SECRETARY OF STATL
TALLAHASSEE FIORINA

ARTICLE II PRINCIPAL OFFICE

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

2000 South Dixie Highway Suite 100-C Miami, Florida 33133

ARTICLE III SHARES

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

4

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jose Galis-Menendez 1946 SW 20th ST Miami, Florida 33145

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):
JOSE GOTIS-MENENDEZ 1944 SW 20487
miami, Floreda 33145
ARTICLE VI DIRECTOR(S)
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):
Jose Galis-Menendez 1946 SW 20th ST Miami, Florida 33145
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this $\underline{\hspace{0.5cm}/2th}\hspace{0.5cm}$ day of $\underline{\hspace{0.5cm}}$ $\hspace{0$
Signature Signature

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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.

The name of the corporation is:	MORTGAGE	FUNDS	USA /N	<u> </u>
The name and address of the regi	stered agent a	and office	is:	
Jose Galis-Menen	dez	* : - : *		Ť
(N	AME)	,	, ,	
1946 SW 20th ST,				
(P.O. BOX <u>N</u> O	T ACCEPTABL	_E)		
Miami, Florida 331	45			
(CITY/S	TATE/ZIP)	The second to the		<u>.</u> 14'
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SIGNAT	URE	alu Y	pur CORIZE	表: 23
DATE			7	