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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

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

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

FLORIDA PROFIT CORPORATION OR P.A.

QUINTERO MORTGAGE, INC.

Certificate of Status	The state of the s
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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SECRETARIA DE STATE
TALL ARIASSEE EL ORIDA

m 3/14/99 2/13 PM

ARTICLES OF INCORPORATION

	of	
QUIM	ERO MORIGAGE, INC.	
	(name of co-	
The undersigned acting as the incorporate the following articles of incorporation for such	ors of a corporation under the Florida B corporation:	lusiness Corporation Act, adopt(s)
The name of the corporation is:	ARTICLE I - CORPORATE NAME	99 M SECKI
OUINTE	TRO MORTGAGE, INC.	ARIA ME T
	TAGILLERICE, INC.	22
This corporation shall exist perpetually unl	ARTICLE II - DURATION less dissolved according to Florida law.	PN 4: 03
	ARTICLE III - PURPOSE	
The corporation is organized for the purpose United States and the State of Florida.	se of engaging in any activities or busin	ess permitted under the laws of the
t ne corporation is authorized to issue		
STREET ADDRESS	address	s is:
	<u> </u>	:. :
2899 West 2nd Avenue	<u> </u>	
CITY Hialeah	FLORIDA	
Mailing address, if different		ZIP 33010
STREET ADDRESS		<u> </u>
СПУ		
	FLORIDA	ZIP
ARTICLE VI - INII	TIAL REGISTERED OFFICE AND A	AGENT
The succe activess of the initial registered	office and the name of the initial re-	pristered against at all an
- GALLICETO		ground agent at the office is:
ADDRESS 2899 West 2nd Avenue		
CITY Hialesh	THE COURT !	
Prepared By: JOSE QUINTERO 2899 (Phone#(305)-884-5858	FLORIDA	ZIP 33010
H9900007063 3	Ave. dialean, F	Lorida 33010

ARTICLE VII - INITIAL BOARD OF DIRECTORS

NAME Jose Quintero	ne by the By-Laws, but shall never be less the ration are as follows:	
ADDRESS 2899 West 2nd Avenue		
CITY Hialeah	<u> </u>	
NAME	STATE Florida	ZIP 3301.0
ADDRESS	and the second s	
CITY		
NAME	STATE	ZIP
ADDRESS		
СПУ		
	STATE	ZIP
Dose Guntero	<u> </u>	
e names and addresses of the incorporators sig	the state of the s	
Zoss West 2nd avenue		
Hialeah AME	STATE Florida	ZIP 33010
DDRESS		
TY		
AME	STATE	ZIP
DDRESS		
TY		
	STATE	ZIP
	d these Articles of Incorporation this	ALT
undersigned incorporator(s) have executed		400
undersigned incorporator(s) have executed ofMarch	. 19 99	-
ofMarch	19_99	
ondersigned incorporator(s) have executed ofMarch	Jose Printer	(Signature)
ondersigned incorporator(s) have executed ofMarch	Jose Printes	(Signature)

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

QUINTERO MORIGAGE, INC. (name of corporation)	

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.

Jose Arintes
(Signature)

/24/99 (Date)