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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.

EQUITABLE MORTGAGE BANKERS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.7 5

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SECRETARY OF STATE
TALL AMASSEE FLORING

n 5/17/99



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 13, 1999

FAS-T CORP'

SUBJECT: EQUITABLE MORTGAGE BANKERS, INC.

REF: W99000011215

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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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.

If you have any further questions concerning your document, please call (850) 487-6931.

Becky McKnight Document Specialist

FAX Aud. #: E99000011478 Letter Number: 699A00026330

ARTICLES OF INCORPORATION OF

Equitable Mortgage Services, Inc.

ARTICLE I - NAME

The name of this corporation is Equitable Mortgage Services, Inc..

ARTICLE II - PRINCIPAL OFFICE

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

14436 NW 83rd Place, Miami Lakes, FL 33016

ARTICLE III - DURATION

This corporation shall have perpetual existence commencing on the date of the filing of these articles with the Department of State.

ARTICLE IV - PURPOSE

This corporation is organized for the purpose of transacting any lawful business.

ARTICLE V - STOCK

This corporation is authorized to issue 100 shares of \$1,00 par value in common stock which shall be designated "Common Shares".

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this 14436 NW 83rd Place, Miami Lakes, Florida, 33016 and the name of the initial registered agent of this corporation at that address is JAMES GEORGES MOURRA.

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SECRETARY OF STATE

Prepared by: James Goorges Mourre 14435 NW 53" Piece Miami Lekes, FL 33016 305-231-7524

ARTICLE VII -- INCORPORATIONS

The name and address of each person signing these Articles is:

NAME

<u>ADDRESS</u>

JAMES GEORGES MOURRA

14436 NW 83rd Place Miami Lakes, FL 33016

ARTICLE VIII - OFFICERS

The name and title of each officers is:

JAMES GEORGES MOURRA

President, Vice President, Secretary & Tressurer

14436 NW 83⁷⁵ Pl. Miami Lakes, FL 33016

ARTICLE IX - AMMENDMENT

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF the undersigned has executed these Articles of Incorporation this 12th day of May, 1999.

James Georges Mourra President CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST—THAT Equitable Mortgage Services, Inc. DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT CITY OF MIAMI LAKES, STATE OF FLORIDA, HAS NAMED JAMES GEORGES MOURRA, LOCATED AT 14435 NW 83^N Place, Miami Lakes, FL 33016 AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

Signature		
· · ·	(Corporate Officer)	
Title Per	esident	
Date =	5-17-99	

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORRPORATION, 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 PERFORMANCE OF MY DUTIES.

Signature _	(a)	
"	(Registered Agent)	
Date	5-17-99	

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