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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 : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)541-3694 Fax Number : (305)541-3770 99 MAY 18 AM IO: 27
SECRETARY OF STATE I

FLORIDA PROFIT CORPORATION OR P.A.

2000 funding, inc.

Certificate of Status	0
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1 of 2

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STATE OF FLORIDA

ARTICLES OF INCORPORATION

OF

2000 FUNDING, INC.

FIRST: THE CORPORATE NAME THAT SATISFIES THE REQUIREMENTS OF SECTION 607.0401 IS 2000 FUNDING, INC.

SECOND: THE ADDRESS OF THE PRINCIPAL OFFICE, IF KNOWN, AND THE MAILING ADDRESS OF THE CORPORATION IS:

2875 N.E. 191". STREET, SUITE 302 AVENTURA, FLORIDA 33180

THIRD; THE NUMBER OF SHARES OF THE CORPORATION IS AUTHORIZED TO ISSUE IS: 30,000 COMMON @ \$ 1.00 PAR VALUE.

*FOURTH: (a) IF THE SHARES ARE TO BE DIVIDED INTO CLASSES, THE DESIGNATION OF EACH CLASS IS:

	99 M Secire Tallai
(b) STATEMENT OF PREFERENCES, LIMITATIONS AND RELATIVE RIGHTS IN RESPECT OF THE SHARES OF EACH CLASS:	AY 18
CLASS PREFERENCES LIMITATIONS RELATIVE RIGHTS	M 10: 27 STATE FLORIDA
<u>N/A</u>	A 7

305 541 3770 P.02/85

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*FIFTH(a) IF THE CORPORATION IS TO ISSUE THE SHARES OF ANY PREFERRED OR SPECIAL CLASS IN SERIES, THE DESIGNATION OF EACH SERIES IS: N/A (* If the circumstances do not apply, then type " Not applicable" or " N/A.) (b) STATEMENT OF VARIATIONS IN THE RELATIVE RIGHTS AND PREFERENCES AS BETWEEN SERIES INSOFAR AS THE SAME ARE TO BE FIXED IN THE ARTICLES OF INCORPORATION: PREFERENCES RELATIVE RIGHTS SERIES N/A_ (c) STATEMENT OF ANY AUTHORITY TO BE VESTED IN THE BOARD OF DIRECTORS TO ESTABLISH SERIES AND FIX AND DETERMINE THE VARIATIONS IN THE RELATIVE RIGHTS AND PREFERENCES BETWEEN SERIES: N/A SIXTH: PROVISIONS GRANTING PRE-EMPTIVE RIGHTS ARE: The shareholders shall, upon the issue or sales of shares of stock of any class (whether now or hereafter authorized), have the right during such period of time and an each conditions as the board of directors shall prescribe, to subscribe to and purchase such shares in proportion to their respective holdings of stock, at such price or prices as the board of directors may from time to time fix and as permitted by law. SEVENTH: PROVISIONS FOR THE REGULATION OF THE INTERNAL AFFAIRS OF THE CORPORATION ARE: N/A

EIGHT: THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE OF THE CORPORATION IS:

2875 N.E. 191st STREET, SUITE 302 AVENTURA, FLORIDA 33180

*NINTH: THE NUMBER OF DIRECTORS CONSTITUTING THE INITIAL BOARD OF DIRECTORS IS ONE (1) AND THE NAMES AND ADDRESSES OF THE PERSONS WHO ARE TO SERVE AS DIRECTORS UNTIL THE FIRST ANNUAL MEETING OF SHAREHOLDERS OR UNTIL THEIR SUCCESSORS ARE ELECTED AND QUALIFIED ARE:

-2-

NAME	ADDRESS
STANLEY L. RUBIN	2875 N.E. 191 st Street Suite 302 Aventura, Fl. 33180
(* OPTIONAL)	
TENTH: THE NAME AND ADD	RESS OF EACH INCORPORATOR IS:
NAME	ADDRESS
STANLEY L.RUBIN	2875 N.E. 191 ST STREET SUITE 302 AVENTURA, FL. 33180
THE UNDERSIGNED HAS (HAVE) INCORPORATION THIS 17 DAY OF	MAY. 1999 SIGNATURE/TITLE STANZEY I. RUBIN, INCORPORATOR SIGNATURE/TITLE
	SIGNATURE/TITLE

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation organized pursuant to the Laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

That the 2000 FUNDING, INC., , desiring to organize under the laws of the State (Name of Corporation) of Florida with its principal office as indicated in the articles of incorporation, has located at Aventura. Stanley L. Rubin , 2875 N.E. 191*, Street, #302 (City) (Street Address) County of MIAMI - DADE State of Florida, as its agent to accept service of process within this (Name of Registered Agent) (County) state. 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. Signaty Registered >

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SECRETARY OF STATE
TALL ALIASSEE, FLORIDA

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STANLEY LAUBIN