

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

800002933568--6

-07/16/99--01082--016

*****78.75 *****78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ~~EMPIRE~~ ~~EMBASSY~~ MORTGAGE CORP.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

99 JUL 19 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

7/19
99 JUL 16 AM 11:30
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE

EXAMINER'S INITIALS



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 16, 1999

LAZARUS

MIAMI, FL

SUBJECT: EMBASSY MORTGAGE CORP.
Ref. Number: W99000016436

We have received your document for EMBASSY MORTGAGE CORP.. 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 existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

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: 699A00036702

99 JUL 19 PM 3:03

RECEIVED

ARTICLES OF INCORPORATION

OF

EMPIRE MORTGAGE CORP.

99 JUL 19 PM 3:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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:

-EMPIRE MORTGAGE CORP.

ARTICLE II PRINCIPAL OFFICE

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

1834 BRICKELL AVENUE # 22
MIAMI, FL 33129.

ARTICLE III CAPITAL STOCK

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

500 SHARES AT \$ 1.00 EACH

ARTICLE IV-INITIAL REGISTERED AGENT AND

ADDRESS:

The name and address of the initial registered Agent is:

RODOLFO BENAVIDES
1025 CASTILE AVE.
CORAL GABLES, FL. 33134.

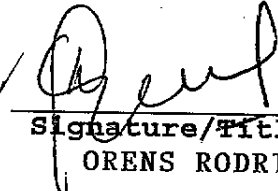
ARTICLE V-INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these articles of incorporation is(are):

ORENS RODRIGUEZ.-DIRECTOR,-1834 BRICKELL AVE.MIAMI,FL. 33129
100% SHARES

The undersigned has (have) executed these Articles of Incorporation this:

14 day of JULY, 19 99



Signature/Title
ORENS RODRIGUEZ-DTOR.

Signature/Title

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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.

1.-The name of the corporation is: EMPIRE MORTGAGE CORP.

2.-The name and address of the registered agent and office is:

RODOLFO BENAVIDES

(NAME)

1025 CASTILE AVE.

(P.O. BOX NOT ACCEPTABLE)

CORAL GABLES, FL. 33134.

(CITY/STATE/ZIP)

✓ SIGNATURE [Signature]

(Corporate Officer)

TITLE PRESIDENT

DATE JULY 14, 1999

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.

✓ SIGNATURE [Signature]

DATE JULY 14, 1999.

FILED
99 JUL 19 PM 3:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA