Florida Department of State

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

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H99000017857 6)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

FLORIDA PROFIT CORPORATION OR P.A.

TRI-STARR MORTGAGE And financial services, inc.

Certificate of Status	O CONTRACTOR OF THE PROPERTY O
Certified Copy	1
Page Count	64
Estimated Charge	\$78,75

N. CULLIGAN JUL 2 1 1999

1 of 2

7/20/99 4:13 PM

1NF-50-1888 10:20 EMPIRE CORP



H99000017857

FILED

ARTICLES OF INCORPORATION

99 JUL 21 AM 9:36

OF

SECRETARY OF STATE TALLAHASSEE, FLORIDA

TRI-STARR MORTGAGE AND FINANCIAL SERVICES, INC.

These Articles are in compliance with Chapter 607, F.S.

ARTICLE I

The name of this corporation shall be: TRI-STARR MORTGAGE AND FINANCIAL SERVICES, INC.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business and mailing address of this corporation shall be: 5921 HOLLYWOOD BLVD., SUITE ONE HOLLYWOOD, FL 33021

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue is the total sum of 100 shares having an individual par value of \$1.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

PREPARED BY: RAY STORMONT, EMPIRE CORPORATE KIT COMPANY 1492 W. FLAGLER STREET, #200, MIAMI, FLORIDA 33135 (305)541-3694

H99000017857

H99000017857

ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be: BEVERLEY A. LINTON-DAVIS, ESQUIRE 5921 HOLLYWOOD BLVD., SUITE ONE HOLLYWOOD, FL 33025

ARTICLE VII

The initial board of Directors shall consist of a total of 3 person(s) and the name and address of the person(s) who are to serve as an initial director(s) is(are):

PRESIDENT

EDWARD ROBINSON

3700 ISLAND BLVD., SUITE C-202

AVENTURA, FL 33160

VICE-PRESIDENT/TREASURER

YASMIN D. POTTINGER

1525 FAIRWAY ROAD

PEMBROKE PINES, FL 33026

SECRETARY

ARCHIBALD GRANT

16765 N.W. 14TH COURT

PEMBROKE PINES, FL 33028

ARTICLE VIII

The name and address of the incorporator executing these Articles of Incorporation is:

EMPIRE CORPORATE KIT OF AMERICA, INC. 1492 W. FLAGLER ST #200 MIAMI, FL 33135

2

The undersigned has executed these Articles of Incorporation this 21ST

day of <u>JULY</u>, 19 99.

Incorporator
Ray Stormont/President
Signing for

Empire Corporate Kit of America, Inc.

H99000017857

H99000017857

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statues, 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.

First that TRI-STARR MORTGAGE AND FINANCIAL SERVICES, INC.
(Name of Corporation)

desiring to organize under the laws of the State of FLORIDA (Florida)

with its principal office, as indicated in the articles of incorporation has named BEVERLEY A. LINTON-DAVIS, ESQUIRE

(Name of Registered Agent)

located at 5921 HOLLYWOOD BOULEVARD SUITE ONE, HOLLYWOOD, FLORIDA 33025

BROWARD

(County)

State of Florida, as its agent to accept service of process within this 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.

SIGNATURE

Registered Agent

H9900001

1 9: 36 STATE FLORIDA

ō