## 19-10-99 TRANSMETAL STEP 636

Repartment of State Pivision of Corporations P. O. Box 6327 Tallahassee, FL 32314

20002983472--0 -09/17/99--01023--007 \*\*\*\*\*\*70.00 \*\*\*\*\*\*70.00

SUBJECT:		Improvement oposed corporate name - mu		Inc.
•				
Enclosed is an o	riginal and one(1) copy (	of the articles of incorpora	ation and a check	for :
\$70.0 Filing Fo		e Filing Fe	æ Fil	\$131.25 ling Fee, ertified Copy

ADDITIONAL COPY REQUIRED

& Certificate

FROM:	Name (Printed or typed)	
	175 SW 132 Avenue &	
	Migni FL 33184 ASSI	11
	City, State & Zip  305 - 225 3337  Daytime Telephone number	_

NOTE: Please provide the original and one copy of the articles.



ARTICLE II

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME The name of the corporation shall be:	Home	Improvement	Funding	Tuc

1-	75 SL	J 137	- Avenue
			33184

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

PRINCIPAL OFFICE

<u>ARTICLE</u>	Ш	<u>SHAKES</u>									
The number	of shares	of stock tha	t this c	orporation	n is authori	ized to	have o	outstand	ing at an	y one ti	me is:
		1	<u> </u>	( (	Five	H	s Sol s	red	_	•	

<u>ARTICLE IV</u>	<u>INITIAL</u>	<u>, register</u>	<u>RED AGENT</u>	AND ST	<u>REET A</u>	<u>DDRESS</u>
The name and Flo	rida street ad	dress of the ini	tial registered a	gent are:	Λ	
			ANA	Fer 142	idez_	Avenue
			175	SW	132	Avenue
				M.Am.	FL	33184

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

The name and address of the incorporator to these Articles of Incorporation are:

ANA FERNANCE

175 5W 132 Avenue

Migni FL 33184

X 9-14-99

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

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

Just Gerand	x 9-14-99
Signature/Registered Agent/	Date