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Certified Copies	_ Certificate:	s of Status			
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COVER LETTER

TO: New Filing Division of	Section Corporations				
SUBJECT: Harv	ard Home Mortgag	ge, Inc.			
			ration - mus	t include suffix)
Dear Sir or Madam	:				
	tence," and check				act Business in Florida," enced foreign corporation to
Please return all cor	respondence conce	erning this m	atter to the f	ollowing:	
		Mich	ael Crouse		
		(Nan	ne of Person)	
	A.	merican Mor	tgage Licens	sing, LLC	
			ı/Company)		
		9447 H	eatherdale I)r	
			Address)	···	- 1 HAIN -
		`	s, TX 75243		
	<u> </u>		tate and Zip		
For further informa	tion concerning thi	-		(214) 3	40-6600
(Name of I		at ((A	rea Code &	Daytime Telep	40-6600 hone Number)
STREET/ONEW Filing Division of Clifton Bui	COURIER ADDR Section Corporations Ilding utive Center Circle e, FL 32301	RESS:		MAILING A New Filing S Division of C P.O. Box 63: Tallahassee,	ADDRESS: Section Corporations 27
\$70.00 Filing Fe		ling Fee & ate of Status	_	Filing Fee & ied Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Harvard Home Mo				
(Enter name of corpo "Inc.," "Co.," "Corp,	oration; must include "INCORPORA" " "Inc," "Co," or "Corp.")	TED,	" "COMPANY," "CORPORATION,	,,,
(If name unavailable	in Florida, enter alternate corporate	name	adopted for the purpose of transacting	business in Florida)
2. Maryland	MD	3.	52-1329466 (FEI number, if applied	
(State or country und	er the law of which it is incorporated)	(FEI number, if applied	cable)
4.	8/24/1983	5	Perpetual	
(Date of i	8/24/1983 incorporation)		Perpetual (Duration: Year corp. will cease to e	exist or "perpetual")
6.				
·			n Florida, if prior to registration) 502, F.S., to determine penalty liability	·/)
7, 27 Old Solomons	s Island Road Annapolis, MD 2	2140	1	
	(Principal offic			
27 Old Solomons	s Island Road Annapolis, MD	2140	01	
	(Current mailin			
8			nortgage services	
(Purpose(s) of	corporation authorized in home state	e or co	ountry to be carried out in state of Flori	ida)
9. Name and street ac	ddress of Florida registered agent:	(P.C). Box NOT acceptable)	TALL SECOND
Name: _	InCorp Services, Inc.			表 2 E
Office Address: _	17888 67th Court North	. <u> </u>		PH 12: 50
	Loxahatchee		, Florida33470	FLS IS
_	(City)		(Zip code)	REE SO
10 D 14 I				P
10. Registered agen		servi	ce of process for the above stated o	corporation at the place
designated in this ap	plication, I hereby accept the app	ointr	nent as registered agent and agree	to act in this capacity. I
			elative to the proper and complete	performance of my duties
and I am familiar wi	th and accept the obligations of n	ny po	sition as registerea agent.	
	1/100 c			

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: ____ Vice Chairman: _____ Address: ___ Gary Hart Address: 27 Old Solomons Island Road Annapolis, MD 21401 n/a Director: Address: _____ **B. OFFICERS** Gary Hart President: 27 Old Solomons Island Road Annapolis, MD 21401 Address: _____ Vice President: Address: Gary Hart Secretary: _ 27 Old Solomons Island Road Annapolis, MD 21401 Address: ___ Gary Hart 27 Old Solomons Island Road Annapolis, MD 21401 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) Gary Hart - President
(Typed of printed name and capacity of person signing application)

STATE OF MARYLAND Department of Assessments and Taxation

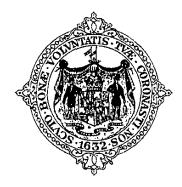
I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT HARVARD HOME MORTGAGE, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS AUGUST 07, 2007.

Paul B. Anderson Charter Division

OT AUG 21 PM 12: 50
SECRETARY OF STATE
ALLAHASSEE. FLORIDA



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097

Power of Attorney

NOTICE TO THE PERSON ACCEPTING THE APPOINTMENT AS ATTORNEY –IN- FACT

By acting or agreeing to act as the agent (attorney-in-fact) under this power of attorney you assume the fiduciary and other legal responsibilities of an agent. These responsibilities include:

- 1. The legal duty to act solely in the interest of the principal and to avoid conflicts of interest
- 2. The legal duty to keep the principal's property separate and distinct from any other property owned or controlled by you, unless the power of attorney specifically gives you the authority to commingle the principal's property with your own.

You may not transfer the principal's property to yourself without full and adequate consideration or accept a gift of the principal's property unless this power of attorney specifically authorizes you to transfer property to yourself or accept a gift of the principal's property. If you transfer the principal's property to yourself without specific authorization in the power of attorney, you may be prosecuted for fraud and/or embezzlement. If the principal is 65 years of age or older at the time that the property is transferred to you without authority, you may also be prosecuted for elder abuse under Penal Code Section 368. In addition to criminal prosecution, you may also be sued in civil court.

I have read and the foregoing notice and I understand that legal and fiduciary duties that I

THIS Power of Attorney is given by me, Gary Hart, presently of 27 Old Solomons Island Rd. Annapolis, in the State of Maryland, on the 31st day of July, 2007.

1. Previous Power of Attorney

I REVOKE any previous power of attorney granted by me

2. Attorney -in- fact

I APPOINT Mike Crouse, of 6500 Greenville Ave, Suite 525, Dallas, Texas, and Eric Smith, of 6500 Greenville Ave, Suite 525, Dallas, Texas, to act jointly and independently as my Attorneys –in- fact. Upon the death, refusal or inability of Mike Crouse of Eric Smith to act or continue to act as my Attorney –in- fact in sole capacity.

3. 'Attorney -in-fact'

I will refer to my Attorney-in-fact'.

4. Governing Laws

This instrument will be governed by the laws of the State of Maryland, Further, my Attorney-in-fact is directed to act in accordance with the laws of the State of Maryland at any time he or she may be acting on my behalf.

5. Delegation of Authority

My Attorney-in-fact may not delegate any authority granted under this document.

6. Liability of Attorney-in-fact

My Attorney-in-fact will not be liable to me, my estate, my heirs, successors or assigns for any action taken or not taken under this document, except for willful misconduct or gross negligence.

7. Powers of Attorney-in-fact

My Attorney-in-fact will have the following power(s):

Initials a. _____ Specified Power 1 To act for me in applying and signing for all mortgage licensees. Specified Power 2 To act for me in applying and signing all certificates of authorities and registered agent forms for all states c. ____ Specified Power 3

To act for me in applying and signing for all related documents for the process of applying for mortgage licensing (bonds, E&O, Workers Comp., and Fidelity Bonds).

8. Attorney-in-fact Compensation

My Attorney-in-fact will receive no compensation except for the reimbursement of all out of the pocket expenses associated with the carrying out of my wishes.

9. Co-owning of Assets and Mixing of Funds

My Attorney-in-fact may not mix any funds owned by him on her in with my funds and all assets should remain separately owned if at all possible.

10. Personal Gain from Managing My Affairs

My Attorney-in-fact is not allowed to personally gain from any transaction he or she may complete on my behalf.

11. Effective Date

This power of attorney will start immediately upon signing. Under no circumstances will the powers granted in this power of attorney continue after my mental incapacity or death.

12. Termination of Power of Attorney

This power of Attorney will end at 11:59 pm eastern standard time, October 1st 2007.

13. Attorney-in-fact Restrictions

This Power of Attorney is not subject to any conditions or restrictions other than those noted above.

14. Notice to Third Parties

Any third part who receives a valid copy of this Power of Attorney can rely on and act under it. A third party who relies on the reasonable representations of an Attorney-in-fact as to a matter relating to a power granted by this Power of Attorney will not incur any liability to the principal or to the principal's heirs, assigns, or estate as a result of permitting the Attorney-in-fact to exercise the authority granted by the Power of Attorney up to the point of revocation of the Power of Attorney. Revocation of the Power of Attorney will not be effective as to a third party until the third party receives notice and has actual knowledge of the revocation.

15. Severability

If any part of the provision of this instrument is ruled invalid or unenforceable under applicable law, such part will be ineffective to the extent of such invalidity only, without in any way affecting the remaining parts of such provisions or the remaining provisions of this instrument.

16. Acknowledgement

- I, Gary Hart, being the Principal named in this Power of Attorney hereby acknowledge:
 - a. I have read and understand the nature and effect of this Power of Attorney.
 - b. I am of legal age in the State of Maryland to grant a Power of Attorney.
 - c. I am voluntarily giving this Power of Attorney.

Jones Hart

IN WITNESS WHEREOF I hereunto set my hand and seal at the City of Annapolis, in the state of Maryland, this 31st day of July, 2007.

Gary Hart

NOTARY ACKNOWLEDGEMENT

State of Maryland

) ss

County of Anne Chundel)

On this 31st day of July, 2007, before me, Dulene N. Dulene personally appeared: Gary Hart, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal

Notary Public

(print name)

SPECIAL AND REVOCABLE LIMITED POWER OF ATTORNEY

TO ALL PERSONS, be it known, that INCORP SERVICES, INC., a Nevada corporation as Grantor, does hereby make and grant a limited and specific power of attorney to and appoint and constitute said individual as my attorney-in-fact.

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence:

Authority to accept appointment as registered agent on behalf of InCorp Services, Inc. (a Nevada Corporation) for entities which Michael Crouse of American Mortgage Licensing LLC has purchased agent service on through their account with InCorp Services, Inc.

INCORPSERVICES, INC.,

DOUG ANSELL, President

Dated: 6-25-87

Signed in my presence this the _______, 2007_

Notary Public in the State of Nevada

