APITAL CONNECTION, INC. 1-800-342-8062 • Fax (850) 222-1222 **600003348986--9**-08/08/00--01022--017 *****70.00 Art of Inc. File LTD Partnership File Foreign Corp. File_ L.C. File_ Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File_ RA Resignation_ Dissolution / Withdrawal Annual Report / Reinstatement_ Cert. Copy_ Photo Copy_ Certificate of Good Standing Certificate of Status Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search Fictitious Owner Search Signature Vehicle Search Driving Record Requested by: UCC 1 or 3 File 000S 8 Û DUA UCC 11 Search Name Time UCC 11 Retrieval Walk-In Will Pick Up Courier_

ARTICLES OF INCORPORATION

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SECRETALITY STATE
TALLAHASSES, ATRODA

OF

Homestead Assistance Corporation

The undersigned, for the purpose of forming a not for profit corporation under Chapter 617, Florida Statutes, does hereby adopt the following Articles of Incorporation:

ARTICLE I: NAME

The name of the corporation is Homestead Assistance Corporation

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 11036 Spring Hill Drive, Spring Hill, Florida 34608.

ARTICLE III: PURPOSE

The purpose of this corporation is to be a charitable corporation that provides qualified homebuyers with a \$5,000.00 gift towards the down payment of a home.

ARTICLE IV: QUALIFICATION

The qualifications for members and the manner of their admission are stated in the bylaws of the corporation.

ARTICLE V: INITIAL REGISTERED OFFICE AND AGENT

The initial registered office and agent of the corporation is Thomas S. Hogan, Jr., 20 South Broad Street, Brooksville, Florida 34601.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The number of persons constituting the Board of Directors of the corporation is three (3) initially. The manner in which the directors are elected is stated in the corporate bylaws. The name and address of each person who is to serve as a member of the initial Board of Directors is

James DeMaria Mike Wescott

11036 Spring Hill Drive, Spring Hill, Florida 34608

Thomas S. Hogan, Jr. 20 South Broad Street, Brooksville, Florida 34601.

ARTICLE VII: NON-STOCK BASIS

The corporation is organized under a non-stock basis.

ARTICLE VIII: DISSOLUTION

In the event of dissolution, the residual assets of the corporation will be turned over to one or more organizations which themselves are exempt as organizations described in sections 501(c) (3) and 170 (c) (2) of the Internal Revenue Code of 1954 or corresponding sections of any prior or future law, or to the Federal, State or local government for exclusive public purpose.

ARTICLE IX: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE X: AMENDMENTS

The corporation reserves the right to amend or repetil any provisions of these Articles of Incorporation, or any amendment(s) thereto.

ARTICLE XI: CORPORATE POWERS

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes.

The undersigned incorporator has executed these Articles of Incorporation this 8th day of August, 2000.

"Capital Connection, Inc. by Lauren Strong, Client Representative"

Lauren Strong

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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:	Homestead	Assistance Co	orporation
2. is:	The name	and street address of Thomas S. Hogan, Jr.	the regis	stered agent	and office
	20 South Broad Street Brooksville, Florida 34601				

HAVE 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.

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