

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

SUBJECT:	MTS Approisals, Inc	
	(proposed corporate name)	
Enclosed is an office \$ 70 =	original and one (1) copy of the articles of incorporation	and our check
FROM:	Matthew 7. Sakac Name (printed or typed) 4402 Edge water Drive	00 MAR 22 SELVARIASSE
	Orlando, FL 32804 (407) 521-9155	PM 12:
	Telephone Number	24 NDA

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Note: Please provide the original and one copy of the Articles.

ARTICLES OF INCORPORATION

OF

MTS Appraisals, Inc

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:

MTS Appraisals, Inc.

ARTICLE II PRINCIPAL OFFICE

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

4402 Edgewater Drive Orlando, FL 32804

ARTICLE III SHARES

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

1000 shares at \$1.00 par.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Matthew T. Sakac 4402 Edgewater Drive Orlando, FL 32864

ARTICLE V INCORPORATOR(S)

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

Matthew T. Sakac 4402 Edgewater Drive Orlando, FL 32804

The undersigned	incorporator(s	s) has(have) executed	d these Articles of Inc	orporation this
	day of _	March	2000 , 18	
		Mules	T. Solm	
		Signa		
		Signa	ature	
		Signs	oturo	

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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:
	MTS Appraisals, Inc.
2.	The name and address of the registered agent and office is:
_	Matthew T. Sakac
	(NAME)
	4402 Edgewater Drive (P.O. BOX NOT ACCEPTABLE)
	Orlando, FL 32804 (CITY/STATE/ZIP)

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	Mellew 7. Salm
DATE	3/12/2000