P0000006/653

TRANSMITTAL LETTER

Department of State Division of Corporation P.O. Box 6327 Tallahassee, FL 32314 DO JUN 21 AM IO: 48
SECRETARIOS SATE FLORIDA

MORTGAGE NETWORK INC.

SUBJECT: (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

() \$70.00 Filing fee (*) \$78.75

Filing fee

& Certificate of Status

000003299960--9 -06/21/00--01109--005

*****78.75 *****78.75

Claudia Gayle

FROM:

Name (printed or typed)

5465 Curry Ford Road

UTHORIZATION BY PHONE TO

COCO DAME

corphane

DATE 06-26-00

DOC. EXAM______

Address

Orlando, Florida 32812

Suite# D4

City, State & Zip

(407) 482-3039

Daytime telephone number

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

g/6/26

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Morfgage one Network Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5465 Curry Ford Road Orlando, Florida 32812 Suite D4

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Mortgage financing & Mortgage Brokering

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent is:

Claudia Gayle 5465 Curry Ford Road

Orlando, Florida 32812 Suite#D4

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Claudia Gayle

5465 Curry Ford Road

Orlando, Florida 32812

Suite#D4

Having been named as registered agent to accept service of process for the above stated corporation at the place design this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature/Registered Agent

6-20-00 DATE

Signature/Incorporator