

**CORPORATE
ACCESS,
INC.**

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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Articles

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

1.) LDAN Support Services, Inc.
(CORPORATE NAME & DOCUMENT #)

000003433250--2
-10/20/00--01031--001
*****78.75 *****78.75

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

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DIVISION OF CORPORATION

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T. SMITH OCT 20 2000

ARTICLES OF INCORPORATION

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:

Loan Support Services Inc.

ARTICLE II PRINCIPAL OFFICE

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

7575 Dr. Phillips Blvd
Suite 270
Orlando, Florida 32819

ARTICLE III SHARES

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

(1000) One Thousand Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

F. Larry Joseph
7575 Dr. Phillips Blvd., Suite 270
Orlando, Florida 32819

ARTICLE V INCORPORATOR

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

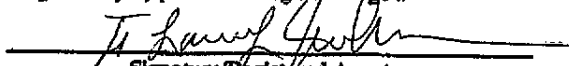
F. Larry Joseph
7575 Dr. Phillips Blvd., Suite 270
Orlando, Florida 32819

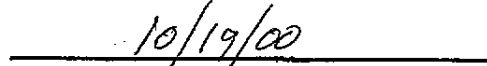

Signature/Incorporator


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.


Signature/Registered Agent


Date

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