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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Comporations

Fax Number

: (850)205-0381

Eron:

Account Name : CAPITAL CONNECTION, INC.

Account Number : 120000000257

Phone

: (850)224-8870

Fax Number

: (850) 222-1222

FLORIDA PROFIT CORPORATION OR P.A.

Rose Mortgage Solutions & Processing Center, Inc.

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ARTICLES OF INCORPORATION

OF

Rose Mortgage Solutions & Processing Center, Inc.

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 is Rose mortgage Solutions & Processing Center, Inc.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 2134 NE 7th Street, Ocala, FL 34470.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having no par value.

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Holo00088 3263 ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Wendy L. Rose, 2134 NE 7th Street, Ocala, FL 34470.

ARTICLE V: 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 VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Board of Directors of the corporation is Wendy Rose, 2134 NE 7th Street, Ocala, FL 34470.

ARTICLE VII: SPECIAL PROVISION

It is the intent of the incorporator and directors that the corporation qualify under Section 1244 of the Internal Revenue Code and that the corporation file as a Sub S Corporation. Such actions as are necessary will be taken by the appropriate officers to accomplish this compliance.

The undersigned has executed these Articles of Incorporation this 8th day of August 2001.

"Capital Connection, Inc. by Crystal Dugger, Office Manager"

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CERTIFICATE OF DEGICERTION REGISTERED AGEST/REGISTERED OFFICE

Pursuant to the provisions of meetion 607.0501, florida statutus, 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	cessing	Center I	nc.	age S	<u>olutrio</u> r
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HAVE BEEN NAMED AS REGISTERED AGEST 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 ACENT AND ACRES TO ACT IN THIS CAPACITY. I FURTHER ACRES 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 ACENT.

Wendy L. Rose

OI AUG -8 AM IO: 25
SECRETARY OF STATE
TALLAHASSEE

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