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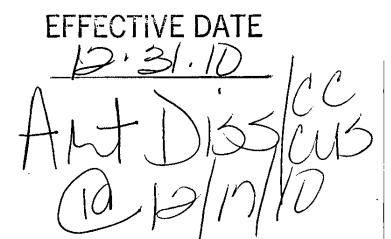
(Re	equestor's Name)	
(Ad	ldress)	
DA)	ldress)	•
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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Office Use Only



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COVER LETTER

Division of Corporations	•
SUBJECT: Articles of Dissolution	
DOCUMENT NUMBER: P01000086203	
The enclosed Articles of Dissolution and fee are sul	bmitted for filing.
Please return all correspondence concerning this made	tter to the following:
William Robertson	
(Name of Contact F	Person)
HomePointe Mortgage Inc.	
(Firm/Compa	ny)
769 Whooping crane ct	
(Address)	
Sanford, Florida 32771	
(City/State and Zi	Code)
For further information concerning this matter, pleas	e call:
William Robertson at (321) 696-5700 (Area Code & Daytime Telephone Number)
,	(
Enclosed is a check for the following amount:	_
Certificate of Status Certificate	5 Filing Fee & \[\subseteq \\$52.50 Filing Fee, ed Copy
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 6, 2010

WILLIAM ROBERTSON HOMEPOINTE MORTGAGE, INC. 769 WHOOPING CRANE CT SANFORD, FL 32771

SUBJECT: HOMEPOINTE MORTGAGE, INC.

Ref. Number: P01000086203

We have received your document for HOMEPOINTE MORTGAGE, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

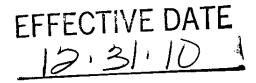
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 810A00028220

ARTICLES OF DISSOLUTION



Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:			
	Homepointe Mortgage Inc.			
SECOND:			<u></u>	
THIRD:	The date dissolution was authorized: 11 29 20	10 6		
	Effective date of dissolution if applicable: 12/31/2010 (no more than 90 days after dissolution)	n file date)		
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for dissol	ution	
	Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	entitled		
	The number of votes cast for dissolution was sufficient for approval by			
		4	SEC	
	(voting group)	19 DEC 16	AHASS AHAS AHASS AHASS AHASS AHASS AHASS AHASS AHASS AHASS AHASS AHASS AHASS AHASS AHAS AHASS AHAS AHASS AHASS AHASS AHASS AHASS AHASS AHASS AHASS AHASS AHASS AHASS AHASS AHAS AHAS AHAS AHAS AHASS AHAS A AHAS AHAS A AHAS A AHAS A AHAS A A AHAS A A A A	
	Signature:	AM 10: 4-9	SE STATE A	
	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)			
	William Robertson			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			

Filing Fee: \$35