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Division of Corporations

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To:  
Division of Corporations  
Fax Number : (850) 205-0381

From:  
Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

**FLORIDA PROFIT CORPORATION OR P.A.**

**The Closing Team Inc.**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

## ARTICLES OF INCORPORATION

*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:

**The Closing Team Inc.**

### ARTICLE II PRINCIPAL OFFICE

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

**The Closing Team Inc.**

**419 W. Vine Street  
Kissimmee, FL 34741**

### ARTICLE III SHARES

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

**1500 Shares at No Par Value**

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Daniel Villazon  
419 W. Vine Street  
Kissimmee, FL 34741**

*Prepared By:*  
**Bruce B. Hubbard  
77 East John St.  
Hicksville, New York 11801  
1-516-935-3940**

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**SECRETARY OF STATE**  
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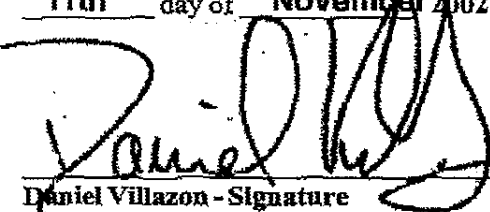
ARTICLES V INCORPORATOR(S)

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

Daniel Villazon  
419 W. Vine Street  
Kissimmee, FL 34741

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

11th day of November 2002.

  
Daniel Villazon - Signature

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **The Closing Team Inc.**

2. The name and address of the registered agent and office is:

**Daniel Villazon**

Name

**419 W. Vine Street**

(P.O. Box or Mail Drop Box NOT Acceptable)

**Kissimmee, FL 34741**

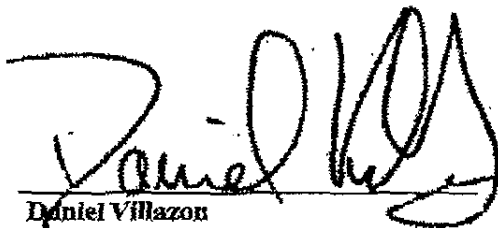
(City / State / Zip)

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*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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.*

  
Daniel Villazon  
SIGNATURE

**November 11th, 2002**

(Date)