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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

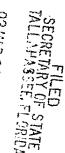
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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Ste	erling Mortgage & Processin		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l a check for:
□ \$70.00	□ \$78.75	\$78.75	☑ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL COPY REQUIRED	
FROM:	Estherling Morales		
	Name (Printed or typed)		
	5712 Aloma Woods Blvd		
•	Address		
-	Oviedo, FI 32765		
	City, State & Zip		
	407-971-0085 or Mobile 407-221-7422		
•	Daytime Telephone number		

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

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:

Sterling Mortgage & Processing Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5712 Aloma Woods Blvd, Oviedo, Fl 32765

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any activities or business permitted under the law of the United States and the laws of the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

ONE HUNDRED (100) shares of \$ 1.00 (one) dollar par valu

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Estherling M. Morales P./T. 5712 Aloma Woods Blvd, Oviedo, FL 32765

Sigrid A. Arcangel VP/S 5661 Magnolia Bloom Tr. Oviedo, FL 32765

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Sigrid A. Arcangel, 5661 Magnolia Bloom Terrace, Oviedo, Fl 32765

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Estherling M Morales, 5712 Aloma Woods Blvd, Oviedo, Fl 32765

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

Signature/Registered Agent

Signature/Incorporator

Date

3/26/03 Date

D31MD 21 DN D. E.