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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

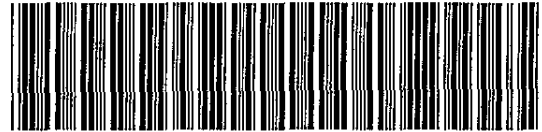
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 MAY - 5 PM 1:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Miracle Mortgage & Processing Center, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Barbara Robertson
Name (Printed or typed)

8131 S.W. 5th Street
Address

North Lauderdale, FL 33068
City, State & Zip

954-726-4535
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:

Miracle Mortgage & Processing Center, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

8131 SW 5th Street
North Lauderdale, FL 33068

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any & all Lawful Business of FL.

ARTICLE IV SHARES

The number of shares of stock is:

one

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Barbara Robertson President
8131 SW 5th Street
North Lauderdale, FL 33068

ARTICLE VI REGISTERED AGENT

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

Barbara Robertson
8131 SW 5th Street
North Lauderdale, FL 33068

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Barbara Robertson
8131 SW 5th Street
North Lauderdale, FL 33068

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

Barbara Robertson
Signature/Registered Agent

5/2/03
Date

Barbara Robertson
Signature/Incorporator

5/2/03
Date

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TALLAHASSEE FLORIDA