P0400046734

(Requestor's Name)			
FROM THE DESK OF: SUSAN L. SLAVINSKI			
CAPITAL MORTGAGE FUNDING 1509 SOUTHEAST 4TH AVENUE FORT LAUDERDALE, FLORIDA 33304			
(City/State/Lip/Phone #)			
PICK-UP WAIT	MAIL		
(Business Entity Name)			
(Dasiness Limy Hanney			
(Document Number)			
Certified Copies Certificates of Status	s		
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Office Use Only



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TRANSMITTAL LETTER

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

SUBJECT: When Do You Want to Close Incorporated (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Susan L. Slavir		
	6374 N.W. 78+	Olace Address	<u> </u>
· · · •	Parkland, Florid	a 33067 State & Zip	
	954.347.3242	elephone number	

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 17, 2004

SUSAN L. SLAVINSKI 6374 MW 78 PL PARKLAND, FL 33067

SUBJECT: WHEN DO YOU WANT TO CLOSE, INC.

Ref. Number: W04000006777

We have received your document for WHEN DO YOU WANT TO CLOSE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must state the number of shares of authorized stock.

Please return the original and one copy of 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) 245-6933.

Dale White Document Specialist New Filings Section

Letter Number: 004A00010789

CONTROL MICHAEL

Florida Department of State Division of Corporations PO Box 6327 Tallahassee FL 32314

Corporate Document #: P02000092899

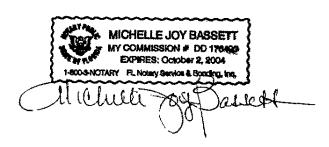
Corporate Name: When Do You Want To Close, Inc.

I will not revoke the dissolution of the above named corporation.

I am releasing the name.

Signature Date

NOTARIZATION REQUIRED
Sign in the presence of a Notary Public



FILED

2004 MAR 15 P 12: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

When Do You Want to Close Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6374 NW 78th Place

Parkland, Fl. 33067

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Customer Service

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Susan L. Slavinski - President

ARTICLE VI REGISTERED AGENT

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

Susan L. Slavinski

4374 NW 78" Pl.

Parkland, Fl. 33067.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Susan L. Slavinski 6394 N.W. 78th Pl.

Parkland, Fl. 33047

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/Registered Agent

2.27.04

Signature/Incorporator

Date