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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : COMPLIANCE CONSULTING CORPORATION OF FLORIDA
Account Number : 120010000135
Phone : (561) 586-3645
Fax Number : (561) 586-6335

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FLORIDA DEPARTMENT OF STATE
JUN 21 2004

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FLORIDA PROFIT CORPORATION OR P.A.

Florida Mortgage Consultants, Inc.

Certificate of Status	0
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6/21/04

✓ 040001301733

ARTICLES OF INCORPORATION

The undersigned Incorporator, for the purpose of forming a corporation under the Florida Business Corporation act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Florida Mortgage Consultants, Inc.

ARTICLE II PRINCIPLE OFFICE

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

8910 N. Dale Mabry Hwy., Suite 21
Tampa, FL 33614

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Compliance Consulting Corporation of Florida
521 Lake Ave., Suite 4
Lake Worth, FL 33460

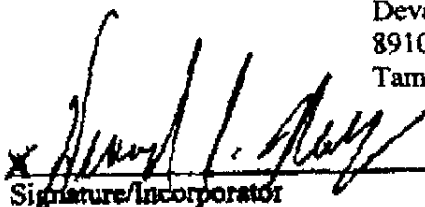
ARTICLE V INITIAL DIRECTORS NAMES AND ADDRESSES

Darrell Pfiffner, VP	Devanand S. Maharaj, Pres.
8910 N. Dale Mabry Hwy., Suite 21	8910 N. Dale Mabry Hwy., Suite 21
Tampa, FL 33614	Tampa, FL 33614

ARTICLE IV INCORPORATOR

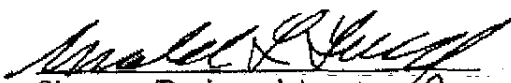
The name and address of the Incorporator to these Articles of Incorporation is:

Devanand S. Maharaj
8910 N. Dale Mabry Hwy., Suite 21
Tampa, FL 33614


Signature/Incorporator

6/19/04
Date

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


Signature/Registered Agent

6-19-04
Date

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TAMPA, FLORIDA