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(Req	uestor's Name)	
(Add	iress)	*****
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PICK-UP	WAIT	MAIL.
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Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	



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(SAMPLE LETTER OF TRANSMITTAL)

DATE

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

Re: TORC-losuee Stoppaninc.

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

FORC/OSURE Stoppat

MAILING ADDRESS OF CORPORATION	
WAILING ADDITESS OF CORPORATION	
356 NW Claria CT	
	_
PORT Saint Lucie 71.349	186
DUONE	
PHONE	
(772) 871-2826	
Area Code Number Ext.	

				APPROVED AND
1 7	ARTIC	LES OF INCORPOR	RATION	rilED
•	i	of		05 JAP 24 PH 4: 31
	Forclosur	- 	INC	TALL AHASSET, FLORIDA
		(name of corporation)		TALL AHASSET, FLORIDA
_	d acting as the incorporators of of incorporation for such cor	-	Florida Busi	ness Corporation Act, adopt(s
	AR'	TICLE I - CORPORATE N	'AME	
The name of th	a corporation is:			•

The name of the corporation is:

FORCLOSURE Stoppa, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 500 shares of common stock, par value \$ 1100 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS 356 N.W. C.	laria Court	
CITY PORT Saint Lucie	FLORIDA Florida	ZIP 34986
Mailing address, if different		
STREET ADDRESS Same		
CITY	FLORIDA	ZIP

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

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

NAME GLORIA DEVRIES	
ADDRESS 356 NW Claria	CourT
CITY PORT SaINT LUCIE	FLORIDA Florida ZIP34986

	,	
ARTICLE VII - INI This corporation shall have	TIAL BOARD OF DIRECTORS	number of directors may be
either increased or diminished from time to time by the B addresses of the initial director(s) of the corporation are a	y-Laws, but shall never be less than o	one (1). The names and
NAME John De VRIES	5	
ADDRESS 422 NE Deu) B	Berry Terr.	
CITY JENSEN Beach	STATE 71	ZIP 34957
NAME PIET De VRIES		
ADDRESS 556 N.W. Claric	a_CT	
CITY PORT Saint Lucie	STATE 7-1,	ZIP 34986
NAME GloRIA De VRIE	Š	
ADDRESS 356 N/W Clar	la CT.	•
CITY FORT Saint Lucie	STATE Fl.	ZIP34982
ARTICLE V	VIII - INCORPORATORS_	
The names and addresses of the incorporators signing the	ese Articles of Incorporation are as fol	llows:
NAME JOHN De VRIE	<i>f</i>	
ADDRESS 422 NE Dew B		-
CITY Jensen Beach.	STATE Fl.	ZIP 34957
NAME Viet De Unies	*	-
ADDRESS 356 NW Claria	CT.	
CITY PORT Saint Lucie	STATE 7/	ZIP 34986
NAME GloriA De VR	les.	
ADDRESS 356 NW Clare	à CT.	
CITY PORT Saint Lucie	STATE 71.	ZIP34986
The undersigned incorporator(s) have executed thes	e Articles of Incorporation this	
day of 15 Th of Janua	ry 10 2005	
	We Du	(Signature)
	1/1/2/	
	(set De 1/2	(Signature)
	Morin Dell	sieal in
	mun paul	(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

APPRUVEU AND FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FORCIOSURE STOPPA, INC.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 356 NW Claria Court PORT Saint Lucie, Florida 34986 has named Gloria De Vries

located at the aforesaid address, as its registered agent to accept service of process within this state.

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)

1-8-2005 (Date)