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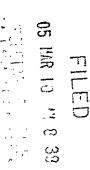
(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
, , ,			
PICK-UP WAIT MAIL			
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(Document Number)			
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03/10/05--01020--004 **78.75



C.S.4-2

TRANSMITTAL LETTER

SUBJECT: Mortgage Solutions of Central Florida Inc.

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

	¬ (PROPOSED CORPOR)	ate name – <u>mustincl</u>	<u>ude suffix</u>)	
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	l a check for:	
	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	Scor ANDERS	oト/ e (Printed or typed)		
	4216 Winderlak			F (
	Orlando, FL 3.	2835° , State & Zip		
	407 - 843 - Z1 Daytime	SS Telephone number	-	

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 16, 2005

SCOTT ANDERSON 4216 WINDERLAKES DR. ORLANDO, FL 32835

SUBJECT: MORTGAGE SOLUTIONS OF CENTRAL FLORIDA INC.

Ref. Number: W05000013746

We have received your document for MORTGAGE SOLUTIONS OF CENTRAL FLORIDA INC. and your check(s) totaling \$78.75. 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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

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) 245-6047.

Carolyn Lewis Document Specialist New Filings Section

Letter Number: 405A00018145

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)		
ARTICLE I NAME Home Solutions Cent The name of the corporation shall be: Mortgage Solution	er Inc.	÷
The name of the corporation shall be: Mortgage Solotion	g of Central -1	Florida Inc.
	•	
ARTICLE II PRINCIPAL OFFICE		28 8
The principal place of business/mailing address is: 4216 wind		
Orlando, R. 3	32835	
ARTICLE III PURPOSE		[1]
The purpose for which the corporation is organized is: Broker be	usiness for mortga	हरी, छ जुला २४
ARTICLE IV SHARES		grant to the
The number of shares of stock is: 1000		
ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR	<u>RS</u>	
List name(s), address(es) and specific title(s): Scorr Anogreson the windulakes Dr Orlando	5 3283 - Pres	dent Ductor
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of Scott Angerson 4216 Windulakes or Orlando Fi		
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Scorr ANGBRION 4216 Winderlakes Dr Orlando R	\$ 2 <i>8</i> 3.5	
**************************************	**************************************	
C - A	2018/8	
Signature/Registered Agent	Dat	
Sparie	3/8/05	
Signature/Incorporator		
- 		