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TRANSMITTAL LETTER

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

SUBJECT: Metro N	Nortgage Services, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUPPLX)
Enclosed are an orig	rinal and one (1) copy of the arti	cles of incorporation and	a check for:
Emologod are one	min min one (x) copy ox the min	or and or and or and or and	
\$70.00	\$78.75	\$78.75	2 \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
		ADDITIONAL CO	Status
		ADDITIONAL CC	WI KEQUIKED
EDOM: Alb	perto Hernandez		
FROM.	Name	(Printed or typed)	
	12917 Brynwood Way		
		Address	
	Naples, Florida 34105		
		State & Zip	
	230,260,4382		

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

Daytime Telephone number

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:

Metro Mortgage Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 2154 Trade Center Way Ste. 2 Naples, FI 34109

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Residencial loan origination.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Alberto Hernandez 12917 Brynwood Way Naples, FL 34105

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Alberto Hemandez 12917 Brynwood Way Naples, FL 34105

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

16 x 1/2/

Signature/Registered Agent

Signature/Incorporator

6/21/2005

Mate