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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0381

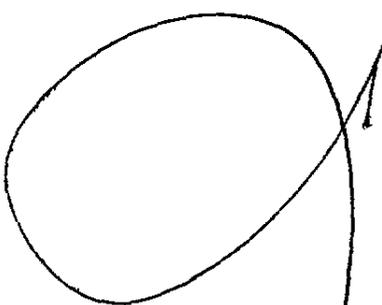
From: Account Name : A I A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

05 SEP 23 PM 12:28
FILED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.
GMN TITLE CORP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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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:
GMN TITLE CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is :
2699 LEE RD STE 260
WINTER PARK FL 32789

ARTICLE III PURPOSE

The purpose for which the corporation is organized
The corporation may engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:
1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

DIRECTOR:
SONU SHARMA
2699 LEE RD STE 260
WINTER PARK FL 32789

DIRECTOR:
JASON DURAJ
2699 LEE RD STE 260
WINTER PARK FL 32789

HASSAN BOUTI
2699 LEE RD STE 260
WINTER PARK FL 32789

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ARTICLE VI REGISTERED AGENT

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

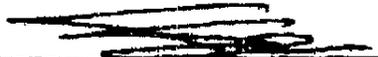
SONU SHARMA
2699 LEE RD STE 260
WINTER PARK FL 32789

ARTICLE VII INCORPORATOR

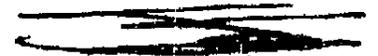
The name and Florida street address of the Incorporator is:

SONU SHARMA
2699 LEE RD STE 260
WINTER PARK FL 32789

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.


SONU SHARMA / Registered Agent

9.14.05
Date


SONU SHARMA / Incorporator

9.14.05
Date

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