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(Requestor's Name)			
(Address)			
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(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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COVER LETTER

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

SUBJECT: Adobe Home Loans, Inc.		
(PROPOSED CÓRPÓR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the ar	ticles of incorporation and	l a check for:
\$\begin{align*} \text{\$\sum_{\text{\$70.00}} & \text{\$\sum_{\text{\$878.75}} \\ \text{Filing Fee} & \text{Certificate of Status} \end{align*}	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Abode Home Loans, Inc.		
Nam	e (Printed or typed)	
665 SE Whitmore Drive		
	Address	
Port St Lucie, FL 34984		
Cit	y, Štate & Zip	
772-879-0902		
Daytime	Telephone number	

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

·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:

Adobe Home Loans, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

665 SE Whitmore Drive Port St. Lucie, FL 34984

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Home Loans

ARTICLE IV SHARES

The number of shares of stock is:

1000

INITIAL OFFICERS AND/OR DIRECTORS

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

Elsie Ortega 665 SE Whitmore Drive Port St. Lucie, FL 34984

ARTICLE VI REGISTERED AGENT

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

Elsie Ortega 665 SE Whitmore Drive Port St. Lucie, FL 34984

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Elsie Ortega 665 SE Whitmore Drive Port St. Lucie, FL 34984

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

Signature/Registered Agent