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COVER LETTER

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

SUBJECT: LENDE	ER MITIGATION SERVICES, INC.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INC</u> I	LUDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	l a check for:
\$70.00 Filing Fee	•	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: M	ICHAEL S. BIGLANE	(Printed or typed)	
	8695 COLLEGE PARKWAY, SU	HTE 1251 Address	
	FORT MYERS, FLORIDA 33919 City.	, State & Zip	
	239 - 826 - 7051 Daytime T	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:

LENDER MITIGATION SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 8695 COLLEGE PARKWAY, SUITE 1251, FORT MYERS, FLORIDA 33919

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ASSISTING PEOPLE WHO NEED RELIEF FROM FORECLOSURE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Incorporator

List name(s), address(es) and specific title(s): MICHAEL S. BIGLANE, PRESIDENT 8695 COLLEGE PARKWAY #1251 FORT MYERS, FLORIDA 33919

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: KELLI D. WOOD 8695 COLLEGE PARKWAY #1251

FORT MYERS, FLORIDA 33919

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: MICHAEL S. BIGLANE 8695 COLLEGE PARKWAY #1251 FORT MYERS, FLORIDA 33919

ZECRETARY OF STATE