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| (Re                                     | questor's Name) |             |  |  |
|---|-----------------|-------------|--|--|
| (Ad                                     | dress)          |             |  |  |
| (Ad                                     | dress)          |             |  |  |
| (City/State/Zip/Phone #)                |                 |             |  |  |
| PICK-UP                                 | WAIT            | MAIL        |  |  |
| (Business Entity Name)                  |                 |             |  |  |
| (Document Number)                       |                 |             |  |  |
| Certified Copies                        | _ Certificates  | s of Status |  |  |
| Special Instructions to Filing Officer: |                 |             |  |  |
|   |                 |             |  |  |
|   |                 |             |  |  |
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Office Use Only



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## **COVER LETTER**

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

| SUBJECT:  | FLORIDA FORECLOSUPE SOLUTIONS, Inc. (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)  | <del></del>  |
|-----------|--|--------------|
| ,         | original and one (1) copy of the articles of incorporation and a check for:  \$78.75  Filing Fee  \$78.75  Filing Fee  \$78.75 |              |
| Filing Fe | Example 2 Filing Fee Filing Fee,  & Certificate of Status  & Certified Copy Certificate of Status  ADDITIONAL COPY REQUIRED    |              |
| FDOM      |  |              |
| FROM;     | Name (Printed or typed)  | 2            |
| •         | Miami FL 33138  City, State & Zip  | 2011 MAR - 1 |
|           |  |              |
| -         | E-mail address: (to be used for future annual report notification)   | ?            |

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 The name of the                  | NAME corporation shall be: FLORIDA FERECUSSIES   | = Solutions, Inc.  |
|--|--|--|
| ARTICLE II                                 | Principal office  Principal street address  7310 Discayne Blvd.  Miami FL 33138  | Mailing address, if different is:                            |
|  | PURPOSE which the corporation is organized is:  y on any lawful business who mpany elects to engage in.                                  | sch  |
| ARTICLE IV The number of sh                | ares of stock is: 100 Shares - no par valu   |  |
|  | Title: Mirlam L. Mendieta, Pasident Name an Address:  1310 Biscayne Blvd.  Miami, FL 33138   |  |
| Name and Address:                          | Title: Name an Address:  |  |
| Name and Address:                          | Fitle: Name an Address:  |  |
|  | REGISTERED AGENT  orida street address (P.O. Box NOT acceptable) of the register  Mixiom L. Mendieto  1310 Biscayre Dvd.  Miami FL 33138 | AHASS  |
| ARTICLE VII The name and ad Name: Address: | INCORPORATOR  Idress of the Incorporator is:  Mixtam L. Mendieta  7310 Biscarre Blvd.  Miami, FL 33138                                   | E PLUND  |
|  | ned as registered agent to accept service of process for the ab<br>am familiar with and accept the appointment as registered agen        |  |
| I submit this doc                          | Required Signature/Registered Agent ument and affirm that the facts stated herein are true. I am   | 2-24-11 Date aware that the false information submitted in a |
| document to the l                          | Department of State constitutes of third degree felony as provide  Beautiful Signature/Incorporator                                      | 2-24-11<br>Date  |