

| (Re                     | equestor's Name)  |           |
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| _                       | _                 | _         |
| PICK-UP                 |                   |           |
|                         |                   |           |
| (Bu                     | siness Entity Nam | e)        |
|                         |                   |           |
|                         | cument Number)    |           |
|                         |                   |           |
| Certified Copies        | Certificates      | of Status |
|                         | -                 |           |
|                         |                   | I         |
| Special Instructions to | Filing Officer:   |           |
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|                         | Office Use Only   | •         |

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CORPORATION SERVICE COMPARY

|              |                  |              | 070100000 | 022  |         |
|--------------|------------------|--------------|-----------|------|---------|
|              | ACCOUNT NO.      | :            | 0/210000  | 032  |         |
|              | REFERENCE        | :            |           |      |         |
|              | AUTHORIZATION    | :            | Civily    | pars |         |
|              | COST LIMIT       | :            | \$ 43.75  |      |         |
|              |                  |              |           |      |         |
| ORDER DATE : | December 16, 200 | 5            |           |      |         |
| ORDER TIME : | 10:44 AM         |              |           |      |         |
| ORDER NO. :  | 761929-005       |              |           |      |         |
| CUSTOMER NO: | 4338458          |              |           |      |         |
|              |                  |              | <b></b>   |      | <b></b> |
|              | DOMESTIC F       | <u>ī L</u> I | NGS       | -    | _       |
| NAME :       | OCWEN FINANCIA   | AL           | SERVICES, | INC. | _       |

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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XX CERTIFIED COPY

CONTACT PERSON: Cindy Harris - EXT# 2937

EXAMINER'S INITIALS:

## **ARTICLES OF DISSOLUTION**

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Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

| FIRST:  | The name of the corporation as currently filed with the Florida Department of State:                                                |  |  |  |
|---------|-------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|         | Ocwen Financial Services, Inc.                                                                                                      |  |  |  |
| SECOND: | The document number of the corporation (if known):P96000084714                                                                      |  |  |  |
| THIRD:  | The date dissolution was authorized: December 14, 2005                                                                              |  |  |  |
|         | Effective date of dissolution <u>if applicable</u> : <u>December 31, 2005</u><br>(no more than 90 days after dissolution file date) |  |  |  |
| FOURTH: | Adoption of Dissolution (CHECK ONE)                                                                                                 |  |  |  |
|         | X Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.               |  |  |  |
|         | Dissolution was approved by of the shareholders through voting groups.                                                              |  |  |  |
|         | The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:      |  |  |  |
|         | to vote separately on the plan to dissolve:<br>The number of votes cast for dissolution was sufficient for approval by              |  |  |  |
|         | (voting group)                                                                                                                      |  |  |  |
|         | ATE 02                                                                                                                              |  |  |  |
| S       | Aignature:                                                                                                                          |  |  |  |
|         | an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)                    |  |  |  |
|         | Kevin J. Wilcox                                                                                                                     |  |  |  |
|         | (Typed or printed name of person signing)                                                                                           |  |  |  |
| -       | Senior Vice President and Secretary (Title of person signing)                                                                       |  |  |  |

Filing Fee: \$35