

P 98000027758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

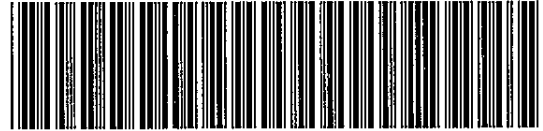
(Business Entity Name)

(Document Number)

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2005 DEC 16 PM 4: 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
12-31-05

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05 DEC 16 PM 1: 13
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

dis 5

C. Coulette DEC 16 2005



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 761929 4338458
AUTHORIZATION : *Cindy Harris*
COST LIMIT : \$ 43.75

ORDER DATE : December 16, 2005
ORDER TIME : 10:48 AM
ORDER NO. : 761929-025
CUSTOMER NO: 4338458

DOMESTIC FILINGS

NAME: OCWEN RESIDENTIAL MBS
CORPORATION

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Cindy Harris - EXT# 2937

EXAMINER'S INITIALS: _____

ARTICLES OF DISSOLUTION

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 Residential MBS Corporation

SECOND: The document number of the corporation (if known): P98000027758

THIRD: The date dissolution was authorized: December 14, 2005

Effective date of dissolution if applicable: December 31, 2005 (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:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

FILED 2005 DEC 16 PM 4: 09 SECRETARY OF STATE TALAHASSEE, FLORIDA

EFFECTIVE DATE 12-31-05

Signature: [Handwritten Signature]

(By a director, president or other officer - if directors or officers have not been selected, by 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