

TRANSMITTAL LETTER

*P99000060118*

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

500002919305--4  
-06/30/99-01036-008  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: FORECLOSURE SOLUTIONS INC.  
(Proposed corporate name - must include suffix)

FILED  
99 JUN 30 PM 6:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: Dianne S. Aikman  
Name (Printed or typed)

172 S.W. 35 Terrace  
Address

FT. LAUDERDALE, FL 33312  
City, State & Zip

(954) 583-5493  
Daytime Telephone number

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

# ARTICLES OF INCORPORATION

*The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.*

## **ARTICLE I**

**The name of the corporation shall be Foreclosure Solutions, Inc.**

## **ARTICLE II**

**The principal place of business and mailing address of this corporation shall be:  
1001 North Federal Highway  
Suite 305  
Hallandale, Florida 33009**

## **ARTICLE III**

**The number of shares that this corporation is authorized to have outstanding at any one time is one hundred (100).**

## **ARTICLE IV**

**The name and Florida street address of the initial registered agent are:**

**Dianne S. Aikman  
172 Southwest 35 Terrace  
Fort Lauderdale, Florida 33312-1009**

## **ARTICLE V**

**The name and address of the incorporator to these Articles of Incorporation are:**

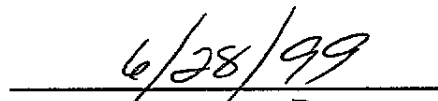
**Dianne S. Aikman  
172 Southwest 35 Terrace  
Fort Lauderdale, Florida 33312-1009**

  
Signature/Incorporator

  
Date

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
Signature/Registered Agent

  
Date

FILED  
99 JUN 30 PM 6:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA