

P99000087479

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

700003001987--4  
-09/30/99--01079--009  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: HARRISON MORTGAGE CORPORATION  
(Proposed corporate name - must include suffix)

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

<input type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED			

FROM: TERRENCE A. TROY  
Name (Printed or typed)

2401 SWEET OAK ST  
Address

OCFEE, FL 34761  
City, State & Zip

407-654-3565  
Daytime Telephone number

FILED  
99 SEP 30 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

10/1/99 - K

ARTICLES OF INCORPORATION  
OF  
Harrison Mortgage Corporation

FILED  
99 SEP 30 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I

The name of the Corporation shall be Harrison Mortgage Corporation.

ARTICLE II

Its registered office in the State of Florida is 2401 Sweet Oak Street, in the City of Ocoee, County of Orange.

ARTICLE III

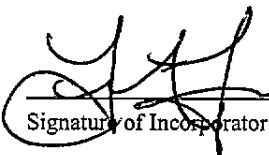
The total number of shares of capital stock that the Corporation shall have authority to issue is 100.

ARTICLE IV

The name and mailing address of the registered agent is Kristina Lindblad, 2401 Sweet Oak Street, Ocoee, Florida 34761

ARTICLE V

The name and mailing address of the incorporator is Terrence A. Troy, 2401 Sweet Oak Street Ocoee, Florida 34761.

  
\_\_\_\_\_  
Signature of Incorporator

9-28-99  
\_\_\_\_\_  
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 of Registered Agent

9-28-99  
\_\_\_\_\_  
Date