P00000003668

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 200003085932--4 -01/03/00--01091--015 *****78.75 ******78.75

| | ROPOLITAN TINANCIAL SERVICE | ES INC |
|---------------------------|------------------------------------------------------|------------|
| (Pr | oposed corporate name - must include suffix) | |
| | | |
| | | |
| | | |
| Enclosed is an original a | and one (1) copy of the articles of incorporation ar | nd a check |
| for : | ∑ \$78.75 | |
| | | TAS O |
| | | |
| 57014 | ZHARRYNE THADEN | TALLAN -3 |
| FROM: | Name (printed or typed) | |
| | INISI PARK AVE | PH 12: 34 |
| | 16256 PARK AVE | |
| | WINDLEMERE 91. 34786 | <u>.</u> |
| | City, State & Zip | |
| | 407-876 6075 | |
| | Daytime Telephone number | |

& Thompson JAN 1 0 2000

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

METROPOLITAN FINANCIAL SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

12256 JARK AUR WINDERMENE 71. 34786

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

OND HANDRED (100) ShARES Of COMMON STOCK WITHOUT PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ShappyNeThapen 12256 PARK AVE WINDLEMEN 71.34786

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

THARRYNG/HADEN

1226 PARK AUE
WINDERMERE 71.34786

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

Brd. day of JAN ,2000.

Signature

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

| 1. The name of the corporation is: METROPOLITAN TINANCIAL |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SERVICES INC. |
| 2. The name and address of the registered agent and office is: |
| 5harryNGTHADEN (Name) |
| (Name) /2256 PARIC RUE. (P.O. Box not acceptable) |
| Windernese H. 34786 (City/State/Zip) |
| (Orty/State/ZIP) |
| daving 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 be appointment as registered agent and agree to act in this capacity. I further agree 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 so registered agent. |
| (Sharna) C. Dhade 1-3-2000 |