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TRANSMITTAL LETTER

Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314 Heron Financial Partners, Inc. SUBJECT: (proposed corporate name) Enclosed, please find an original and one (1) copy of the articles of incorporation for the above corporation and a check in the amount of \$70.00. Gerald J. Fasanella FROM: Name 1901 South Harbor City Boulevard, Suite 600 Address Melbourne, Florida 32901-4706 (321) 728-1196 Telephone Number

Note: Additional copy of articles is needed when certified copy is requested.

ARTICLES OF INCORPORATION

OF HERON FINANCIAL PARTNERS, INC.

00 FEB 15 PM 12: 42 SECHEMAY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

330 Fifth Avenue

Indialantic, Florida 32903

The name of the corporation shall be: Heron Financial Partners, Inc.

ARTICLE V INCORPORATOR
The name and street address of the incorporator to these Articles of Incorporation is:
Thomas P. Flavin, CPA
330 Fifth Avenue
Indialantic, FL 32903
The undersigned has executed these Articles of Incorporation this <u>3rd</u> day of <u>February, 2000</u> .
Levald J. Formella
,Incorporátor

CERTIFICATE OF DESIGNATION

REGISTED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 601.0501, 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:		
	Heron Financial Partners, Inc.		
2.	The name and address of the registered agent and office is:		
	Thomas P. Flavin, CPA	No.	1700
	330 Fifth Avenue	子说	EB 5
	Indialantic, Florida 32903		
Signa	ture: Levold J. Foxamella	STATE	PM 12: 42
Title:	President	,	-
Date:	02-03-00		
PROC DESIGN REGIS AGRE THE FAMIL	NG BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SE CESS FOR THE ABOVE STATED CORPORATION AT THE GNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINT STERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I SE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELIPROPER AND COMPLETE PERFORMANCE OF MY DUTIES, A LIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSSTERED AGENT.	E PLA MENT FURTH ATING ND I	ACE AS IER TO AM
Date:	2/7/00		