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THE LAHASSEE, FLORIDA

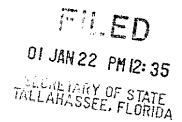
Department of State Division of Corporati P. O. Box 6327 Tallahassee, FL 3231			THE CAMASSE	OF STATE E. FLORIDA
SUBJECT: S	hea Financial Group, (Proposed corpora			.094016
Enclosed is an origina	I and one(1) copy of the articles		00035625 -01/22/0101 ******3.75 check for :	5965 1094017 ******3.75
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☑\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Daniel W. Shea Name (Prin	nted or typed)	<u>.</u>	٠, .
	10960 Cypress Run Circle Address			
	Coral Springs, 1	F1. 33071 ate & Zip		

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

954-752-0697 Daytime Telephone number

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 NAME

The name of the corporation shall be:

Shea Financial Group, Inc.

ARTICLE II PRINCIPAL OFFICE

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

100 W. Cypress Creek Road

5th Floor

Ft. Lauderdale, Fl. 33309

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares of common stock

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Daniel W. Shea

10960 Cypress Run Circle

Coral Springs, Fl. 33071

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Daniel W. Shea 10960 Cypress Run Circle Coral Springs, Fl. 33071

Signature/Incorporator

1.17-01

(An additional article must be added if an effective date is requested.)

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