Division of Corporations Public Access System

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To:

Division of Corporations

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: (850)617~6380

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.

Account Number : I20010000025

Phone

: (305)935~3500

Fax Number

(305) 935~9042

DISSOLUTION OR WITHDRAWAL

CENTERPOINTE FINANCIAL, INC.

| Certificate of Status | 0 | |
|-----------------------|---------|--|
| Certified Copy | 0 01 | |
| Page Count | | |
| Estimated Charge | \$35.00 | |

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ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

| FIRST: | The name of the corporation as currently filed with the Florida Department of CENTERPOINTE FINANCIAL, INC. | f State: |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| SECOND: | The document number of the corporation (if known): P01000105380 | · - |
| THIRD: | The date dissolution was authorized: | |
| | Effective date of dissolution if applicable: (no more than 90 days after dissolution | file date) |
| FOURTH: | Adoption of Dissolution (CHECK ONB) | |
| | Dissolution was approved by the shareholders. The number of votes cast i was sufficient for approval. | for dissolutio |
| | Dissolution was approved by the shareholders through voting groups. | |
| | The following statement must be separately provided for each voting group en to vote separately on the plan to dissolve: | ntitled |
| | The number of votes cast for dissolution was sufficient for approval by | 09 FEB -4 PH 2: 2 |
| | (voting group) | 1 |
| 5 | Bignature: (By a director, desident or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by | PH 2: 22 |
| | that Educiary) Craig Perry | · |
| | (Typed or printed name of person signing) | |
| , | Director | |
| | (Title of person signing) | |

Filing Fee: \$35