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(Re	questor's Name)
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SECRETARY OF STATE
TALLAHASSEE, FLORID.

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TRANSMITTAL LETTER

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

SUBJECT: Sney	/ Financial Services, Inc.			
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	ODE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	l a check for:	
☑ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	Brian K. Shey Name (Printed or typed)			
		ox 358653 Address		
		, FL 32635-8653 State & Zip		
	352-3	39-4200		
Daytime Telephone number				

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Shey Financial Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O. Box 358653

Gainesville, FL 32635-8653

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Started new business

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Brian K. Shey, President

Raina M. Harris, Vice President

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Brian K. Shey 6110 NW 1st Place Suite A Gainesville, FL 32606

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Brian K. Shey P.O. Box 358653 Gainesville, FL 32635-8653

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, Lam familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

Date

Date