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O4 AUG 30 PM 4: 32 SECRETARY OF STATE SECRETARY SEFF. FLORIDS

AND AND

TRANSMITTAL LETTER

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

SUBJECT: Vista Financial Par	thers. Inc.	UDE SÚFFIX)
Enclosed are an original and one (1) copy of the arti	icles of incorporation and	a check for:
☐ \$70.00 ☐ \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: Kevin S. Hussel Name	(Printed or typed)	
148 Card Way	Address	· · · · · · · · · · · · · · · · · · ·
Hackettstown, NI	07840 State & Zip	
701-787-5698 Daytime T	elephone number	

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

AND FILED

ARTICLES OF INCORPORATION 04 AUG 30 PM 4: 32 In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) SECRETARY OF STATE TALL AHASSEE, FLORIDA ARTICLE I NAME The name of the corporation shall be: Ista Financial Partners, Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 939 Hyacinth Drive Delray Beach, FL 33483 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Any and All Landel Purposes ARTICLE IV SHARES The number of shares of stock is: /0,000,000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Bruce Albertson 939 Hypeinth Drive Delray Beach, FL 33483 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Hackettstan, NS 07840 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Signature/Registered Agent

Signature/Incorporator