

Florida Department of State  
Division of Corporations  
Public Access System

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To:

Division of Corporations  
Fax Number : (850) 205-0381

From:

Account Name : COMPLIANCE CONSULTING CORPORATION OF FLORIDA  
Account Number : I20010000135  
Phone : (561) 586-3645  
Fax Number : (561) 586-6335

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Sunshine State Lending Group, Inc.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
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**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:

Sunshine State Lending Group, Inc.

**ARTICLE II. PRINCIPLE OFFICE**

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

780 N. Apollo Blvd.  
Melbourne, FL 32935

**ARTICLE III. SHARES**

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

1000

**ARTICLE IV. INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

Stacey Vasta  
189 Crystal Lake Road  
Melbourne, FL 32901

**ARTICLE V. INITIAL DIRECTORS NAMES AND ADDRESSES**

Brian Vasta  
189 Crystal Lake Road  
Melbourne, FL 32901

**ARTICLE VI. INCORPORATOR**

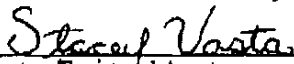
The name and address of the Incorporator to these Articles of Incorporation is:

Brian Vasta  
189 Crystal Lake Road  
Melbourne, FL 32901

  
Signature/Incorporator

9/10/07  
Date

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

9/10/07  
Date

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FILED  
2007 SEP 11 A 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA