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#### **Charter Number Only**

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CORPORATION(S) NAME

SUNSNI	ne Financin	IQ INC
	_	J
(X)-Profit (X)-NonProfit	( ) Amendment	( ) Merger
) Foreign	( ) Dissolution	( ) Mark
( ) Limited Partnership ( ) Reinstatement	( ) Annual Report ( ) Reservation	( ) Other ( ) Change of Registered Agent
(X) Certified Copy	( ) Photo Copies	( ) Certificate Under Seal
( ) Cail When Ready————————————————————————————————————	( ) Call If Problem	( ) After 4:30 ( ) Mail Out

Name
Availability

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Updater

Verifier

Acknowledgment

W.P. Verifier

CR2E031 (R8-85)

WELIMPIP Toll Free: 1-800-432-3028

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## ARTICLES OF INCORPORATION NOV 20 PM 4: 20

of

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

		LIAL	Anabatt, recition
SUNSHIN	E FINAN	CING IN	16
	(name of corpora	tion)	
The undersigned subscriber(s) to these Artic corporation under the laws of the State of Flo		natural person(s) compe	etent to contract, hereby form
A	ARTICLE 1 - CORPOR	ATE NAME	
The name of the corporation is:	INShine	Financina	j inc
	ARTICLE II - DUR	ATION	,
The corporation shall exist perpetually unles		•	
The corporation is organized for the purpos	ARTICLE III - PUR		armitted under the lowe of th
United States and the State of Florida.	c or engaging in any	activities of business p	erinitied under the laws of the
The corporation is authorized to issue FOUR Dollar(s) (\$SOO, OO) par value C	ARTICLE IV - CAPITA hundred Twelves common stock, which s	shares (412 ) of <u></u>	mmon Shares".
ARTICLE V - I	NITIAL REGISTEREL	O OFFICE AND AGENT	τ
The street address of the Initial Registered A	gent office and the nar	ne of the Initial Registe	red Agent at that office is:
NAME TODD Shum	wa/		
ADDRESS 519 Palm	TRAIL		
ADDRESS 519 Palm CITY Delray Clack	FL	LORIDA	ZIP 33483
The principal office, if known, or the mailing	address of the cornor.	ation is:	
Francisco Control of the manning	, and the verpoin		

FLORIDA

NAME

CITY

**ADDRESS** 

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### ARTICLE VI - INITAL BOARD OF DIRECTORS

The corporation shall have One		number of directors may be eithe
of the initial director(s) of the corporation a	by the By-Laws, but shall never be less than or re as follows:	one (1). The names and addresse
NAME TODD ShumWA ADDRESS SIG PAIN	Frail	
CITY Delay Beach	STATE CC	ZIP 3348-3
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		<del> </del>
CITY	STATE	ZIP
•		
	RTICLE VII - INCORPORATIONS	
The names and addresses of the incorporate	ors signing these Articles of Incorporation are	os follows:
The names and addresses of the incorporate	is signing these Afficies of Incorporation are	as follows:
NAME TOOD Shun	1 W4 \/	
ADDRESS 519 Palm	Truil _	
CITY Delray Beuch	STATE FC	ZIP 334 & 3
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
IN WITNESS WHEREOF, the undersigned day of _\(\int \o \colon \text{M bl/}\), \(\text{Abo}\)	subscriber(s) have executed these Articles of	Incorporation this 17

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## CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

SUNSLINE	FINANCING	inc
	(name of corporation)	

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at	519	PalN	Tr	a12				
	Delra	y B.	each,	FL	- 33	483		
has nam	ed	101	70	M	Shum	WaV		
	,		. 1	'. n	1 4		• • • • • • • • • • • • • • • • • • • •	 tatutus

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

#### **ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)