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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01-9-1

The Law Office of
SYLVIA NOEL WHITE, P.A.
201 DOUGLAS AVENUE, SUITE B
DUNEDIN, FLORIDA 34698
(727) 735-0645

S. NOEL WHITE
CHRISTOPHER N. GIULIANA, OF COUNSEL

FAX :(727) 735-9375
E-MAIL:SNOELWH@AOL.COM

December 29, 2009

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: **LHS Financial, Inc.**

Dear Sir or Madam:

Enclosed for filing is an **original and one copy** of the Articles of Incorporation for **LHS Financial, Inc.**, along with the Designation and Acceptance of its Registered Agent.

Also enclosed is my client's check for \$87.50 payable to the Department of State, to cover the Filing Fee, Certified Copy, and Certificate of Status.

If there are any questions, or problems, please do not hesitate to contact me directly.

Sincerely,



S. Noel White
Attorney at Law

**ARTICLES OF INCORPORATION
OF
LHS FINANCIAL, INC.
(A Florida For Profit Corporation)**

FILED
2010 JAN -5 P 4: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, acting as incorporator to these Articles of Incorporation, hereby forms a corporation for profit under the Laws of the State of Florida, Chapter 607 F.S.

ARTICLE I – NAME.

The name of the corporation shall be: LHS FINANCIAL, INC.

ARTICLE II – PRINCIPAL OFFICE & MAILING ADDRESS.

The principal place of business of the corporation shall be: 1425 Pinehurst Road, Dunedin, FL 34698. The mailing address of the corporation shall be: 450 Grant Street, Dunedin, FL 34698.

ARTICLE III – PURPOSE.

The purpose for which this corporation is organized to engage in any activities or businesses permitted under the laws of the United States and the laws of the State of Florida.

ARTICLE IV – SHARES.

The corporation is authorized to issue One Thousand (1,000) shares of stock, all of one class, at a par value of One Dollar (\$1.00) per share. All issued stock shall be held of record by not more than 75 persons. Stock will be issued and transferred only to (a) natural persons, (b) estates, or (c) a trust defined in 26 U.S.C. §1361(c)(2) or its successor section. In addition, no stock shall be issued or transferred to an nonresident alien.

ARTICLE V – INCORPORATOR.

The name and address of the Incorporator of the corporation is: LYNN SMERALDO, 450 Grant Street, Dunedin, FL 34698.

ARTICLE VI – REGISTERED AGENT.

The name and street address of the initial registered agent of the corporation is: LYNN SMERALDO, 1425 Pinehurst Road, Dunedin, FL 34698.

ARTICLE VII – DIRECTORS.

The name and street address of each initial Director is:

LYNN SMERALDO, 450 Grant Street, Dunedin, FL 34698

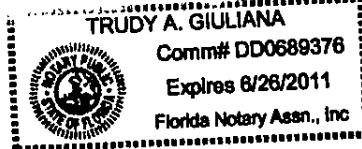
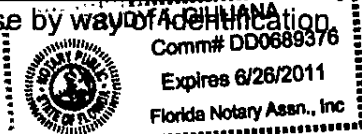
IN WITNESS WHEREOF, the undersigned Incorporator has signed these Articles of Incorporation on 12 - 29, 2009.



LYNN SMERALDO, Incorporator

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing Articles of Incorporation were acknowledged before me on 12-29, 2009, by LYNN SMERALDO, who produced his Florida drivers license by way of identification.



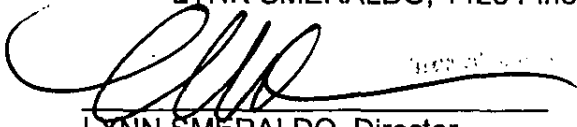
NOTARY PUBLIC, State of Florida
My Commission Expires:

**CERTIFICATE OF DESIGNATION & ACCEPTANCE OF
REGISTERED AGENT & REGISTERED OFFICE**

Pursuant to the provisions of §607.0202 and §607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the Registered Agent/Registered Office, in the State of Florida.

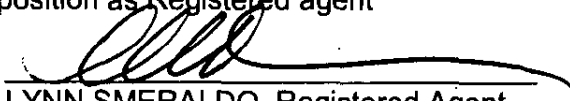
1. The name of the corporation is: LHS FINANCIAL, INC.
2. The name and address of the registered agent and registered office are:

LYNN SMERALDO, 1425 Pinehurst Road, Dunedin, FL 34698.


LYNN SMERALDO, Director

12-29-09
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


LYNN SMERALDO, Registered Agent

12-29-09
Date

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TALLAHASSEE, FLORIDA