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(Requestor's Name)				
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PICK-UF	WAIT MAIL			
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Certified Copies	Certificates of Status			
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COVER LETTER

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

SUBJECT: SUNSHINE FINANCIAL CORP OF PB (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the ar	ticles of incorporation and a check for:		
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate o Status ADDITIONAL COPY REQUIRED		
FROM: Michael Bernstein Nam	ne (Printed or typed)		
153 Kings Road	Address		
Palm Beach, FL 33480) /, State & Zip		
561-310-8067 Daytime Telephone number			
meb@cmaxllc.com E-mail address: (to be us	ed for future annual report notification)		

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)

ARTICLE I The name of the cor	NAME SUNSHINE FINANCIA poration shall be:	L CORP OF PB	
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing	address, if different is:
	53 Kings Road		
P.	alm Beach, FL 33480		
_		<u> </u>	
ARTICLE III I			
The purpose for wh	ich the corporation is organized is:		至8 6
Investment Ho	olding Company		12 HOV -2 MM1: 20
investment ne	sang company		7
			T P KS
ARTICLE IV	SHARES		
The number of share			
	INITIAL OFFICERS AND/OR DIRECTO		יענד
	Ie: Michael Bernstein, President & Secreta		
Address:	153 Kings Road Palm Beach, FL 33480	Address:	
	Paini Beach, EL 33460	 	
Name and Tit Address:	le:	Name and Title:	
Address:			
	le:		
Address:			
	REGISTERED AGENT	Cal	
The name and Flor Name:	ida street address (P.O. Box NOT acceptable) o		
Address:	Michael Bernstein 153 Kings Road		
Addiess.	Palm Beach, FL 33480		
	Tain Deadi, I L 30-00		
ARTICLE VII	INCORPORATOR		
	<u>ress</u> of the Incorporator is:		
Name:	Michael Bernstein	_	
Address:	153 Kings Road Palm Beach, FL 33480		
	Paim Beach, FL 33460		
	d as registered agent to accept service of proce		
this certificate, I am	familiar with and accept the appointment as re	gistered agent and agree to	act in this capacity
-n	- 		1. 7. 10
mukail	Required Signature/Registered Agent		10 - 30 - 12 Date
	Required Signature/Registered Agent		Date
I submit this docun	nent and affirm that the facts stated herein ar	e true. I am aware that th	e false information submitted in a
	partment of State constitutes a third degree felor		
		· -	
mille	Bentles Required Signature/Incorporator		10 - 30 - 12 Date
	Peguired Signature/Incorporator		Date