Florida Department of State

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Brail Address: muschumacher@earthlink.net

FLORIDA PROFIT/NON PROFIT CORPORATION First Florida Advisors, Inc.

Certificate of Status	1	
Certified Copy	0	
Page Count	03	
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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

First Florida Advisors, inc.

ARTICLE II PRINCIPAL OFFICE

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

2731 Twin Oaks Way Wellington, FL 33414

ARTICLE III SHARES

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

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Michele Schumacher 2731 Twin Oaks Way Wellington, FL 33414 SECTION OF STATE

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Prepared By: Bruce B. Hubbard 77 East John St. Hicksville, New York 11801 1-516-935-3940

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ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Michele Schumacher - President/Director 2731 Twin Oaks Way, Wellington, FL 33414

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Michele Schumacher 2731 Twin Oaks Way, Wellington, FL 33414

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

24th day of June 20 13

Michele Schumacher

Signature

SIGNATURE

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	First Florida Advisors, Inc.	
2. The name and address of the regis	tered agent and office is:	
	Michele Schumacher Name	
	2731 Twin Oaks Way (P.O. Box or Mail Drop Box NOT Acceptable)	
	Wellington, FL 33414 (City / State / Zip)	
•	agent and to accept service of process for the above stated d in this certificate, I hereby accept the appointment as registered	
agent and agree to act in this capa	city. I further agree to comply with the provisions of all the statutes e performance of my duties, and am familiar with and accept the	13 13 Jan 14 14 14 14 14 14 14 14 14 14 14 14 14
		M 9:52
Michele Schumacher	mache 06/24/2013 (Date)	