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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
FLORIDA WEALTH STRATEGIES, INC.

Certificate of Status	0
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MAR 28 AM 6:50
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TALLAHASSEE, FLORIDA

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AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared, Paul M. Walkington who after being first duly sworn, under oath, deposes and says:

1. The undersigned is the sole Director and the President of Florida Wealth Strategies, Inc., a Florida corporation, filed with the Florida Department of State on July 10, 2012.
2. The undersigned hereby consents to and authorizes the use of the name of Florida Wealth Strategies, Inc.
3. The undersigned has personal knowledge of the facts and matters set forth herein and therefore has no intentions of Reinstating the Dissolved entity.

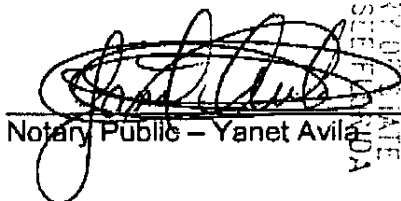
FURTHER AFFIANT SAYETH NAUGHT.


Paul M. Walkington

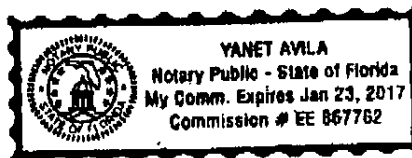
STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, Paul M. Walkington who is personally known to me, who being by me first duly sworn, acknowledges that she signed the foregoing for the purposes therein expressed.

WITNESS my hand and seal this 27 day of March, 2014.


Notary Public - Yanet Avila

Seal:



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FAX No.

P. 003

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: FLORIDA WEALTH STRATEGIES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

8353 SW 124 STREET

SUITE: 204 A

MIAMI, FL 33156

Mailing address, if different is:

10100 SW 99 AVE.

MIAMI, FL 33176

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PAUL M. WALKINGTON (P/D)

Address 8353 SW 124 STREET

SUITE: 204 A

MIAMI, FL 33156

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(cont.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

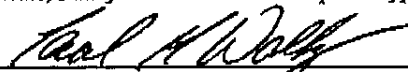
ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: PAUL M. WALKINGTON
Address: 8353 SW 124 STREET STE: 204 A
MIAMI, FL 33156

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: PAUL M. WALKINGTON
Address: 8353 SW 124 STREET STE: 204 A
MIAMI, FL 33156

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

03/27/2014

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

03/27/2014

Date

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14 MAR 28 AM 6:57
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TALLAHASSEE FLORIDA