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Florida Department of StateDivision of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : M. BURR KEIM COMPANY  
Account Number : I19990000242  
Phone : (215) 563-8113  
Fax Number : (215) 977-9386

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICESFLORIDA PROFIT/NON PROFIT CORPORATION  
K & S FINANCIAL SERVICES INC.

Certificate of Status	0
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CORPORATIONS  
FLORIDA

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07/27/17

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**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: K & S FINANCIAL SERVICES INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address624 Harbor IslandClearwater Beach, FL 33767

Mailing address, if different is:

624 Harbor IslandClearwater Beach, FL 33767**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: To invest in loan portfolios**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Brian Stulman, PresidentAddress: 624 Harbor IslandClearwater Beach, FL 33767Name and Title: Brian Stulman, DirectorAddress: 624 Harbor IslandClearwater Beach, FL 33767

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Name: Brian Stulman  
Address: 624 Harbor Island  
Clearwater Beach, FL 33767

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**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Brian Stulman  
Address: 624 Harbor Island  
Clearwater Beach, FL 33767

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

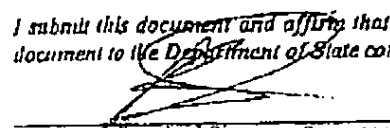
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

7/24/17  
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

7/24/17  
Date