CORPORATION INFORMATION SERVICES, INC. 16 1201 HAYS STREET TALLAHASSEE, FL 32301 904-222-9171 904-222-0393 FAX

800-142-8086

© network

DIVISION OF CORPORATION

MAIL TO: P.O. Box 5828 TALLAHASSEE, FL 32314

ACCOUNT NO. : 072100000032

REFERENCE 1 51/1367 _____ 8878A

AUTHORIZATION :

COST LIMIT : \$ 122.50

ORDER DATE: December 28, 1994

ORDER TIME : 10:26 AM

ORDER NO. : 514367

CUSTOMER NO:

8878

CUSTOMER: Wendy Roston, Legal Asst

PACKMAN NEUWAHL & ROSENBERG

Suite 125

1500 San Remo Avenue Coral Gables, FL 33146

DOMESTIC FILING

NAME: LALANDE FINANCIAL GROUP, INC.

ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP EFFECTIVE DATE JAN 1

300001368373

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY __ PLAIN STAMPED COPY

_ CERTIFICATE OF GOOD STANDING

MITACT PERSON: Lori R. Dunlap (CLT)

EXAMINER'S INITIALS: MMC 1-4-95

FILED

95 JAN -3 AM 10: 04

ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

EFFECTIVE DATE

JAN 1

OF

LALANDE FINANCIAL GROUP, INC.

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

LALANDE FINANCIAL GROUP, INC.

The address of the principal office of this corporation shall be 730 Northwest 107th Avenue, 2nd Floor, Miami, Florida 33172, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 500 shares of common stock having \$1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Information Services, Inc.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually. The effective date shall be January 1, 1995.

ARTICLE VI. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Corporation Information Services, Inc. 1201 Hays Street Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of Corporation Information Services, Inc., has hereunto set their hand and seal of Corporation Information Services, Inc., on January 3, 1995.

CORPORATION INFORMATION SERVICES, INC.

ts Agent, Karen B. Rozar

95 JAN -3 AM 10: 05

ACCEPTANCE OF REGISTERED AGENT DESIGNATEDSECTOR DATE OF STATE TALLAHASSEE, FLORIDA

Corporation Information Services, Inc., a Florida corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

CORPORATION INFORMATION SERVICES, INC.

LRD/cld

P95000006449
PACKMAN, NEUWAHL & ROSENBERG
IBOO SAN REMO AVENUE

SUITE 125

CORAL GABLES, FLORIDA 33146

BRUCE BARTON PACKMAN (RETIRED)
MALCOLM H. NEUWAHL
MICHAEL ROBENDERO
DENNIS GINBBURG
ROBERT A. STAMEN
LESLIE A. SHARE
BARTON S. UDELL
JACK D. FINKELNAN
JAN M.S. BLACK
MARK D. RICH

TELEPHONE (305) 665-3311 TELECOPIER (305) 665-1244

January 26, 1995

100001394361 -01/31/95--01100--018 *****35.00 *****35.00

CERTIFIED MAIL NO. Z 322 779 213 RETURN RECEIPT REQUESTED

Secretary of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

RE: Lalande Financial Group, Inc. (the "Corporation") Our Client File No. 3515D(b)

Gentlemen:

Enclosed herewith please find an original and one (1) copy of the Statement of Change of Registered Office and Registered Agent (the "Form") for the above-referenced Corporation. Also enclosed is a check in the amount of Thirty-Five Dollars (\$35.00) for the

Please acknowledge your receipt of the Form and check by signing the enclosed acknowledgment copy and returning it in the envelope provided. Also, please send me the copy of the Form upon filing.

Thank you for your cooperation in this matter. If you have any questions, please do not hesitate to contact me.

Very truly yours,

PACKMAN, NEUWAHL & ROSENBERG

Mindy f. Rooton

WENDY S. ROSTON, Legal Assistant

/wsr Enclosures 5/6*3515

cc: Corporation Information Services, Inc.

RA Chy.

Date Filed January 1, 1995

STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida. 1. The name of the corporation is: Lalande Financial Group, Inc. 2. The name and address of its present registered agent is: CORPORATION INFORMATION SERVICES, INC. 1201 Hays Street Tallahassee, Florida 32301 3. The name and street address to which its registered agent is to be changed is: (P.O. BOX NOT ACCEPTABLE) Michael S. Johnston 730 N.W. 107 Avenue, 2nd Floor Miami, FL 33172 4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical. 5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors. Michael S. Johnston. President Signature (Typed or printed name and title) (Presidentific Wicce Principles (No.

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 FUR-THER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print/Type NameN	Michael S. Johnston
Signature	
Date 1/23/9	(Arcon)
CIS 4/02	FILING FEE \$35