. 01 S ACCESS SYSTEM (((H95000001114))) ELECTRONIC FILING COVER SHEET TO: DIVISION OF CORPORATIONS FROM: EMPIRE CORPORATE KIT COMPANY DEPARTMENT OF STATE 1492 W FLAGLER ST SUITE 200 STATE OF FLORIDA 409 EAST GAINES STREET 34-0000 MIAHI FL 33135-CONTACT: RAY TALLAHASREE, FL 32399 BTORMONT FAX: (904) 922-4000 PHONE: (305) 541-3694 FAX: (305) 541-3770 DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A. (((H95000001114))) NAME: GOLDEN HORIZONS FINANCIAL GROUP, INC FAX AUDIT NUMBER: H95000001114 CURRENT STATUS: REQUESTED DATE REQUESTED: 01/27/1995 TIME REQUESTED: 09:34:03 CERTIFICATE OF STATUS: 0 CERTIFIED COPIES: 1 METHOD OF DELIVERY: FAX NUMBER OF PAGES: 4 ESTIMATED CHARGE: \$122.50 ACCOUNT NUMBER: 072460003286 Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document. {{(H95000001114)}} \*\* ENTER 'M' FOR MENU. \*\*

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## ARTICLES OF INCORPORATION

The undersigned, acting as incorporator of a corporation under the Florida General Corporation Act, adopts the following Articles of Incorporation for such corporation: 61

1. Name:

The name of this corporation is

GOLDEN HORIZONS FINANCIAL GROUP, INC.

2. Duration:

The period of its duration is perpetual.

3. Purpose:

The purpose is to engage in any activities or business permitted under the laws of the United States of America and Plorida.

4. Capital Stocks

The corporation is authorized to issue one thousand (1000) shares, all of one class, for cash at a par value of one dollar (\$1.00) per share.

5. Principal Place of Business for this corporation shall bet

> 4344 NW 64th AVENUE CORAL SPRINGS, FLORIDA 33067

6. Initial Board of Directors:

The corporation shall have ONE (1) director initially. The number of directors may be either increased or decreased from time to time by an amendment of the by-laws of the corporation in the manner provided by law, but shall never be less than ONE (1). The name and address of the initial directors of this corporation is:

STEVEN S LINDENBAUM

ADDRESS 7636 FAIRFAX DRIVE TAMARAC, FLORIDA 33321

O prepared by:
O Steven S Lindenbaum CPA PA
O 767 8 State Rd 7 Suite 24 O Margare FL 33068 (305) 978-5981

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7. Incorporator:

The name and address of the Incorporator signing these Articles of Incorporation is:

NAME STEVEN S LINDENBAUM ADDRESS 7636 FAIRFAX DRIVE TAMARAC, FLORIDA 33321

8. Initial Registered Agent & Office:

STEVEN S LINDENBAUM 7636 FAIRFAX DRIVE TAMARAC, FLORIDA 33321

9. Amendment of Articles:

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment thereto, and any right conferred upon the shareholders is subject to this reservation.

10. Stock Issue:

The capital stock of this corporation shall be issued in the following manner:

STEVEN S LINDENBAUM - ONE THOUSAND (1000) SHARES

11. Voting:

One share equals one vote.

IN WITNESS WHEREOF, THE UNDERSIGNED has made and subscribed of these Articles of Incorporation at Margate Florida, on the 26th day of January , 1995.

Redistared Agent

Incorpor

H9 500 0001.1.114

CERTIFICATE DESIGNATING (CR CHANGING) PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, MAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 607.34 Plorida Statutes, the following is submitted, in compliance with said Act:

3	First-That	COIDEN HORIZONS FINANCIAL GROUP INC
	•	(Name of Corporation) under the laws of the State of Plorida
with i	its principal d	office, as indicated in the articles of
incorp	poration at Cit	cy of CORAL SPRINGS County
		(City)
of	BROWARD (County)	, State of Florida has
named	STEVEN S L	
locato	ed at 7636 PAIRF	AX DRIVE
	Post C	address and number of building, office Box address not acceptable)
City o	TAMARAC TAMARAC	, County of
	(City)	
14-1	BROWARD	, State of Florida, as its agent
	(County)	
to acc	ept service of	Drocess Within this state

ACKNOWLEDGEMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above stated corporation, at place designated in this certificate. I hereby accept to act in this capacity, and agree to comply with the provision of said App relative to keeping open said office.

Signature Registered Agent