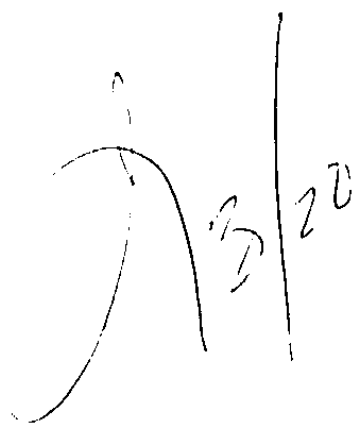


8
 ((H95000003112))
 TO: DIVISION OF CORPORATIONS
 DEPARTMENT OF STATE
 STATE OF FLORIDA
 409 EAST GAINED STREET
 TALLAHASSEE, FL 32399
 FAX: (904) 922-4000
 1492 W FLAGLER ST
 SUITE 200
 MIAMI FL 33135-33401-8104
 CONTACT: RAY UTORMONT
 PHONE: (305) 541-3694
 FAX: (305) 541-3770
 ((H95000003112))
 DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
 NAME: M.S.B. FINANCIAL SOLUTIONS INC.
 FAX AUDIT NUMBER: H95000003112
 DATE REQUESTED: 03/17/1998
 CERTIFIED COPIES: 1
 NUMBER OF PAGES: 5
 ESTIMATED CHARGE: \$122.50
 CURRENT STATUS: REQUESTED
 TIME REQUESTED: 16:07:41
 CERTIFICATE OF STATUS: 0
 METHOD OF DELIVERY: FAX
 ACCOUNT NUMBER: 072450003285

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((H95000003112))
 ** ENTER 'M' FOR MENU. **
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NUM CAPS Connect: 00:19:01



FILED
 95 MAR 20 AM 9:05
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

H 9500000 3112

H 9500000 3112

ARTICLES OF INCORPORATION
OF
M.S.B. FINANCIAL SOLUTIONS INC.

FILED
MAR 17 1995
CORP DIV
FLA

The undersigned incorporator, for the purpose of forming a corporation under the Florida General Corporation Act, Chapter 607 of the Florida Statutes hereby adopts the following articles of incorporation.

ARTICLE ONE
CORPORATE NAME

The name of the corporation shall be:

M.S.B. FINANCIAL SOLUTIONS INC.

The principal office is:

5613 N.W. 64TH TERRACE
CORAL SPRINGS, FLORIDA 33067

ARTICLE TWO
PERPETUALITY

The term of existence of the corporation is perpetual.

ARTICLE THREE
PURPOSE

The corporation may transact any and all lawful business for which corporations may be incorporated under the Florida General Corporation Act.

ARTICLE FOUR
CAPITAL STOCK

The aggregate number of shares which the corporation has authority to issue is 7500 shares, all of which shall be common shares with a \$1.00 par value.

Prepared by:

A.C. Carbone
1001 W. Cypress Creek Road #403
Fort Lauderdale, Florida 33309
(305) 746. 8878

H 9500000 3112

**ARTICLE FIVE
REGISTERED OFFICE**

The street address of the initial registered office of the corporation is 5613 N.W. 64TH TERRACE CORAL SPRINGS, FL 33067 and the name of the initial registered agent as such address is:

MARK S. BREINAN

**ARTICLE SIX
BOARD OF DIRECTORS**

The number of members of the board of directors may be changed from time to time as provided in the by-laws of the corporation as adopted by the stockholders; but, in no event, shall the board of directors consist of less than one (1) member(s) at any time.

**ARTICLE SEVEN
INITIAL DIRECTORS**

The initial board of directors shall consist of one member(s) who shall hold office until the first annual meeting of the corporation and whose name and address is follows:

**MARK S. BREINAN
5613 N.W. 64TH TERRACE
CORAL SPRINGS, FLORIDA 33067**

**ARTICLE EIGHT
INCORPORATOR**

The name and address of each incorporator executing these articles of incorporation is as follows:

**MARK S. BREINAN
5613 N.W. 64TH TERRACE
CORAL SPRINGS, FLORIDA 33067**

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**ARTICLE NINE
COMMENCEMENT DATE**

The corporation shall be deemed to commence its existence upon the date the charter number is assigned to the corporation by the Secretary of State of Florida.

In witness whereof, I have subscribed my name as incorporator of the corporation this seventeenth day of March 1998.

x Mark S. Breiman
Mark S. Breiman

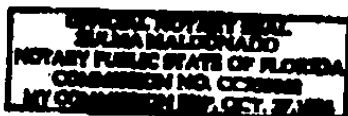
STATE OF FLORIDA }
COUNTY OF BROWARD } ss:

Be it remembered that on this day before me, a notary public duly authorized in the state and county named above to take acknowledgments, personally appeared to be the person described as incorporator in the foregoing articles of incorporation, and she acknowledged before me that she executed said articles of incorporation.

Witness my hand and official seal at Ft. Lauderdale, Florida
This seventeenth day of March 1998.

MY COMMISSION EXPIRES:

x Zulma Maldonado
NOTARY PUBLIC, State of
Florida at large



W 9500000 3112

**CERTIFICATE OF DESIGNATING REGISTERED
AGENT FOR SERVICE OF PROCESS**

Pursuant to Chapter 48.091, Florida Statutes, the undersigned hereby designates Mark S. Breiman, as its registered agent to accept service to process within this State.

By: x Mark S. Breiman
Mark S. Breiman

The undersigned hereby accepts the foregoing designation as registered agent for service of process within the State of Florida and agrees to comply with the provisions of the law applicable to said designation.

By: x Mark S. Breiman
Mark S. Breiman

FILED
95 MAR 20 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000022108**

1. Corporation Name

M.S.B. FINANCIAL SOLUTIONS INC.

Principal Place of Business

**9613 N.W. 64TH TERRACE
CORAL SPRINGS FL 33067**

Mailing Address

**9613 N.W. 64TH TERRACE
CORAL SPRINGS FL 33067**

FILED

96 DEC -9 AM 10:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT

96000

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/29/1995

5. FEI Number

65-0566551

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
0	BREMAN, MARK S	9613 N.W. 64TH TERRACE	CORAL SPRINGS FL 33067
			2000002024582--3
			-12/10/96--01072--020
			****375.00 ****375.00

8. Name and Address of Current Registered Agent

**BREMAN, MARK S
5613 N.W. 64TH TERRACE
CORAL SPRINGS FL 33067**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Mark S. Breman

REGISTERED AGENT MUST SIGN

Date

12-04-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Mark S. Breman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-04-96

Date

954-676-3451

Daytime Phone #

CR200-04 (7/96)