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DEPARTMENT OF STA... 1492 W FLAGL... ST

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     STATE OF FLORIDA                          SUITE 200
     409 EAST GAINES STREET                    MIAMI FL 33135-    33401-6104
     TALLAHASSEE, FL 32399          CONTACT: RAY   STORMONT
FAX: (904) 922-4000                   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           CURRENT STATUS: REQUESTED
      DATE REQUESTED: 03/17/1995             TIME REQUESTED: 16:07:41
    CERTIFIED COPIES: 1                 CERTIFICATE OF STATUS: 0
     NUMBER OF PAGES: 5                    METHOD OF DELIVERY: FAX
    ESTIMATED CHARGE: $122.50                ACCOUNT NUMBER: 072450003255
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/20

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ARTICLES OF INCORPORATION

OF

N.S.B. FINANCIAL SOLUTIONS INC.

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:

N.S.B. FINANCIAL SOLUTIONS INC.

The principal office is:

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

ARTICLE TWO
DURATION

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) 946.8878

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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 intitial registered agent at such address is:

MARK S. BREIMAN

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. BREIMAN
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. BREIMAN
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 seventeen day of March 1995.

x Mark S. Breiman
Mark S. Breiman

STATE OF FLORIDA)
) ss:
COUNTY OF BROWARD)

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 seventeen day of March 1995.

MY COMMISSION EXPIRES:

x Zulma Maldonado
Notary Public, State of Florida at large

ZULMA MALDONADO
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC
MY COMMISSION EXP. OCT. 27, 1998

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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

H 950000 3112

PLEA READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 DEC -9 AM 10:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000022108

1. Corporation Name
M.S.B. FINANCIAL SOLUTIONS INC.

Principal Place of Business	Mailing Address
5613 N.W. 84TH TERRACE CORAL SPRINGS FL 33067	5613 N.W. 84TH TERRACE CORAL SPRINGS FL 33067

REINSTATEMENT $600

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 08/20/1995

5. FEI Number: 65-0566551 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ [redacted]

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	BREMAN, MARK S	5613 N.W.84TH TERRACE	CORAL SPRINGS FL 33067

200002024582--3
-12/10/96--01072--020
****375.00 ****375.00

8. Name and Address of Current Registered Agent

BREMAN, MARK S
5613 N.W. 84TH 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

CR2E040 (7/96)

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 Breiman — Date 12-04-96
REGISTERED AGENT MUST SIGN

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. Breiman — 12-04-96 — 954-676-3451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #