



**ARTICLES OF INCORPORATION**

**OF**

**LIFETIME FINANCIAL SOLUTIONS, INC.**

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be: LIFETIME FINANCIAL SOLUTIONS, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

1605 13TH STREET  
ST. CLOUD, FLORIDA 34769

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100,000

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

JAMES J. JOHNSON  
1605 13TH STREET  
ST. CLOUD, FLORIDA 34769

FILED  
95 AUG-5 2011 02  
SEC. OF STATE  
TALLAHASSEE, FLORIDA

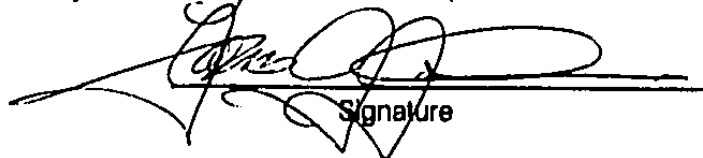
**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the Incorporator(s) to these Articles of Incorporation is(are):

JAMES J. JOHNSON  
1605 13TH STREET  
ST. CLOUD, FLORIDA 34769

The undersigned Incorporator(s) has(have) executed these Articles of Incorporation this

1ST day of August, 19 96.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: LIFETIME FINANCIAL SOLUTIONS, INC.

2. The name and address of the registered agent and office is:

JAMES J. JOHNSON

(NAME)

1605 13TH STREET

(P.O. BOX NOT ACCEPTABLE)

ST. CLOUD, FLORIDA 34769

(CITY/STATE/ZIP)

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STATE  
CLERK

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 FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE 

DATE 8/1/96