PHOMASONAL PETTE DOS

SUBJECT: IN LINE PERSONAL FINANCIAL SERVICES, INC.

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

900002012439--3 -11/22/96--01056--019 *****78.75 ******78.75

| (Liobosed Colboists usua - uiget nicioda zninx) | | | | | | | | | |
|---|---|--|---|-------------------------|--|--|--|--|--|
| Enclosed is an origin for: \$70.00 Filing Fee | al and one (1) co \$78.75 Filing Fee & Certificate | py of the articles of \$122.50 Filing Fee & Certified Copy Additional Copy | \$131.25 Filing Fee, Certified Copy & Certificate | and a check | | | | | |
| FROM | • | SAVAGE, ATTOR | NEY AT LAW | | | | | | |
| Name (printed or typed) 1028 SOUTH 9TH STREET PO BOX 2225 | | | | | | | | | |
| | | | | | | | | | |
| | MANITOW | OC WI 54221- | -2225 | 9. 7 <u>85</u> 7. | | | | | |
| | S HOW | | | | | | | | |
| | (414) 682-8181 | | | | | | | | |
| | Daytimo | Telephone number | 10p/ | PHIS.19 | | | | | |

NOTE: Please provide the original and one copy of the articles.

SAVAGE, GREGORSKI, WEBSTER, STANGEL, BENDIX & BRUCE, S.C.

JOHN C. SAVAGE
Livensed in Wisconsin and Michigan
WALTER F. GREGORSKI
Circuit Court Commissioner
JOHN W. STANGKL
GARY L. BENDIX
JOHN M. DRUCE

ATTORNEYS AT LAW

1028 SOUTH 9TH STREET, P.O. BOX 2225

MANITOWOC, WISCONSIN 54221-2225

FACSIMILE (414) 602-2123

TELEPHONE (414) 682-8181

ralpii J. BCZYGELSKI Maja M. Roosjen Mattiew C. Zuengler

JOHN M. WEBSTER

November 19, 1996

VIA UNITED STATES POSTAL SERVICE PRIORITY MAIL

Department of State Division of Corporations PO Box 6327 Tallahassee FL 32314

RE: IN LINE PERSONAL FINANCIAL SERVICES, INC. Peter W. Savage

Gentlemen:

Enclosed you will find a Transmittal Letter, an original and one copy of Articles of Incorporation and Certificate of Designation of Registered Agent/Registered Office for the above corporation. Also enclosed is a check in the amount of \$78.75 payable to Department of State for the filing fee and Certificate.

Please return the duplicate copy, with the filing stamp affixed, to me in the envelope provided. If you have any questions, please call me.

Very truly yours,

SAVAGE, GREGORSKI, WEBSTER, STANGEL, BENDLY & BRUCE, S.C.

John Ø. Savage

ี่ JCS/ky Enclosures

ARTICLES OF INCORPORATION

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: IN LINE PERSONAL FINANCIAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

4437 Violet Avenue Sarasota FL 34233

ARTICLE III SHARES

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

1000 Shares Common, No Par

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: Peter W. Savage

Peter W. Savage 4437 Violet Avenue Sarasota FL 34233

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Peter W. Savage 4437 Violet Avenue Sarasota FL 34233

| ine uno | tersigned incorporator(s) has(have) executed these Articles of Incorporation th |
|---------|---|
| 19th | _ day ofNovember, 19 96 |
| | Peter W. Savago Signature |
| | Peter W. Savage |
| | Signature |
| | Signature |

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STAFFUTES: THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STAFE 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: | IN LINE | PERSONAL | FINANCIAL | SERVICES, | INC. |
|----|-------------------------------------|---------------|----------------------------|-------------|-------------|-------------|
| | · - | | : | | | |
| 2. | The name and address of the registe | ered agent ar | nd office is: | | | |
| | | | | | | |
| | PETER W. | SAVAGE | | | _ | |
| | | (NA | MB) | | · | |
| | 4437 VIO (P.O. Box | | UE Box <u>NOT</u> accei | TABLE) | - | |
| | SARASOTA | FL 34 | 233 | | | |
| | | (Crry/St | ATE/ZIP) | | | |

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)
Peter W. Savage

November 19, 1996 (DATE)