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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 300002262223--4 -08/08/97-01121-011 #####78 75 #####78.75

SUBJECT: Froposed corporate name - must include suffix) Proposed corporate name - must include suffix) Proposed corporate name - must include suffix) Proposed corporate name - must include suffix) Proposed corporation and a check for :									
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:									
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate	HO LOH'S					
	ADDITIONAL COPY REQUIRED								
FROM: _	Name (P								
	13903 GULL WAY.								
•	Address								
CLEARWATER - LOPION 33762 City, State & Zip									
City, State & Zip									
	O [- 3712 Telephone number							

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

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The name of the corporation shall be:

EXPERT FINANCE, INC.



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

13903 GULL WAY CLEARWATER, FLORIDA 33762

ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

NEHOLAS J. CAROLIDES
13903 GULL WAY
CLEARWATER, FLORIDA 33762

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

NICHOLAS J. CAROLIDES 13903 GULL WAY CLEARWATER, FLORIDA 33762

Signature/Incorporator

8/6/97

(An additional article must be added if an effective date is requested.)

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/Bagistered Agent

Date