TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FI 323-4	7900	000/1		1006 178-003 *****78.75
subject: Tho	MAS BURNS!	TAIANCIAL, ate name - must include suf	INC,	······
Enclosed is an original a	nd one(1) copy of the article	•	JAN -4 AM 11: RETARY OF STAT LAHASSEE, FLORE check for:	TED
\$70.00	\$78.75	□\$122.50	□ \$131.25	
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate	
		1	ac continued	
		ADDITIONAL CO	DPY REQUIRED	
FROM: _ Th	om AS J. BURNS Name (Printed			
		PRESIDENT for typed) AVE N.		
<u></u>	842 16 Th Addre	PRESIDENT For typed) AVE N. SSS RG, FL & Zip		8

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 30, 1998

THOMAS J BURNS 2842 16 AVE NORTH ST PETERSBURG, FL 33713

SUBJECT: THOMAS BURNS FINANCIAL, INC.

Ref. Number: W98000029208

Original

99 JAN -4 AM 11: 05
SECRETARY OF STATE
SALAHASSEE, FLORIDA

We have received your document for THOMAS BURNS FINANCIAL, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE INCORPORATOR SIGNING DATE MUST BE DECEMBER 22,1998, CANNOT BE JANUARY1,1999.REGISTERED AGENT DATE MUST BE DECEMBER 22, 1998...

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6904.

Freida Chesser Corporate Specialist

Letter Number: 998A00061018

ARTICLES OF INCORPORATION

LANGE OF THE PARTY OF THE PARTY

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

The name of the corporation shall be: Thomas BURNS FINANCIAL, INC.

ARTICLE II PRINCIPAL OFFICE

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

2842 16 Th AVE N. ST. PeTersburg, FL 33713

ARTICLE III **SHARES**

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

3,000 Shares Comon

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV The name and address of the initial registered agent is:

> Thomas BURNS 2842 16Th AVEN. ST. PeTersburg, FL 33713

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):

Thomas J. BURNS 2842 16Th AVEN. ST. PeTersburg, FL 33713

ARTICLE VI EFFECTIVE DATE.

The EFFECTIVE DATE TO BE JANUARY 1,1999

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

22 day of Jan December, 199998

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

Signature
Signature

Signature

Notarization is not required

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 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 Thomas Burns Finan	CTA.	۷,,	INC
2.	The name and address of the registered agent and office is:	SECRE TALLAH	99 J	
-	Thomas BURNS (NAME)	TARY OF IASSEE, I	N -4 /	
	(P. O. Box of Mail Drop Box NOT ACCEPTABLE)	STATE	90 :II M	U
	ST. Petersburg. FL 33713	 • 		-

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.

12-22-98

(CITY/STATE/ZIP)

Troff up Oct

DÍVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

800 208-2234 -

(SIGNATURE)