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

BUSINESS FINANCIAL CONSULTANTS, INC. SUBJECT:

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee

\$78.75

Fîling Fee

& Certificate of Status

□\$78.75

Filing Fee & Certified Copy □ \$87.50

Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

WILLIAM N. FALLON

Name (Printed or typed)

103 LAKE BRANTLEY TERRACE

Address

LONGWOOD, FL 32779

City, State & Zip

407-682-3055

Daytime Telephone number

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.

FILED
SECRETARY OF STATE
CIVISION OF CORPORATIONS
99 OCT 20 PM 5: 42

ARTICLE I NAME

The name of the corporation shall be:

BUSINESS FINANCIAL CONSULTANTS, INC.

ARTICLE II PRINCIPAL OFFICE

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

103 LAKE BRANTLEY TERRACE, LONGWOOD, FL. 32779

ARTICLE III SHARES

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

ONE HUNDRED (100)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

WILLIAM N. FALLON

103 LAKE BRANTLEY TERRACE, LONGWOOD, FL. 32779

ARTICLE V INCORPORATOR

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

WILLIAM N. FALLON

103 LAKE BRAANTLEY TERRACE, LONGWOOD, FL. 32779

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Signature/Incorporator

Date

(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/Registered Agent

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