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Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800)494-3124
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W09-582R

RECEIVED
DEPARTMENT OF STATE
09 FEB -5 AM 8:00

FLORIDA PROFIT/NON PROFIT CORPORATION

BOSTROM INSURANCE GROUP, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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2009 FEB -5 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

BOSTROM INSURANCE GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

235 S MAITLAND AVENUE, STE 115
MAITLAND, FLORIDA 32751

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is/are:

PRESIDENT
CHRISTOPHER IAN BOSTROM
235 S MAITLAND AVENUE, STE 115
MAITLAND, FLORIDA 32751

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

CHRISTOPHER IAN BOSTROM
235 S MAITLAND AVENUE, STE 115
MAITLAND, FLORIDA 32751

ARTICLE VII INCORPORATOR

The name and Florida street address of the Incorporator is:

CHRISTOPHER IAN BOSTROM
235 S MAITLAND AVENUE, STE 115
MAITLAND, FLORIDA 32751

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.


CHRISTOPHER IAN BOSTROM / Registered Agent

2/5/09
Date


CHRISTOPHER IAN BOSTROM /Incorporator

2/5/09
Date

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