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CAPITAL CONNECTION, INC.

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| | | RA Resignation |
| | | Dissolution / Withdrawal |
| | | Annual Report / Reinstatement |
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| | | Photo Copy |
| | | Certificate of Good Standing |
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SECHCIANT STATE ARTICLES OF INCORPORATION TALLAHASSEE, FLORIDA

OF

ANCHOR INSURANCE AGENCY, INC.

ARTICLE I CORPORATE NAME

The name of this corporation is ANCHOR INSURANCE AGENCY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation are 4424 N.W. 13th Street, Suite C-12, Gainesville Florida 32609.

ARTICLE III CAPITAL STOCK

The maximum number of shares this corporation is authorized to issue is 1,000, all of which shall be common shares. All common shares shall be identical with each other in every respect and the holders thereof shall be entitled to one vote for each share on all matters on which shareholders have the right to vote.

ARTICLE IV INITIAL REGISTERED AGENT AND OFFICE

The name and address of the initial registered agent are ALAN FONK, 4424 N.W. 13th Street, Suite C-12, Gainesville Florida 32609.

ARTICLE V INITIAL BOARD OF DIRECTORS

The initial Board of Directors shall consist of one (1) member. The number of directors may be increased or decreased from time to time by vote of the stockholders, but in no case shall the number of directors be less than one (1) nor more than five (5). The name and address of the directors constituting the initial Board of Directors are:

<u>Name</u>

Address

ALAN FONK

4424 N.W. 13th Street, Suite C-12 Gainesville Florida 32609.

ARTICLE VI INCORPORATOR

The name and street address of the incorporator of these articles of incorporation is:

Name

Address

ALAN FONK

4424 N.W. 13th Street, Suite C-12 Gainesville Florida 32609.

The undersigned has executed these articles of incorporation on the 241 day of March, 2003.

ALAN FONK, Incorporator

STATE OF FLORIDA COUNTY OF ALACHUA

The foregoing Articles of Incorporation of ANCHOR INSURANCE

AGENCY, INC., were acknowledged before me this Agency, day of March,

2003 by ALAN FONK who is personally known to me or [] produced

as identification and who did/did

not take an oath.

NOTARY PUBLIC, State of Florida

DETADRE A. GRAY

My Comm Exp. 5/2/2003

No. CC 807532

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SECTION STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/ REGISTERED OFFICE

Under the provisions of F.S. 608.415, ANCHOR INSURANCE AGENCY, INC., submits the following statement to designate a registered office and registered agent in the state of Florida:

- 1. The name of the corporation is: ANCHOR INSURANCE AGENCY, INC.
- 2. The name and street address of the registered agent in Florida are:

NAME

- ADDRESS

ALAN FONK

4424 N.W. 13th Street, Suite C-12 Gainesville Florida 32609.

The undersigned, being the person named in the articles of incorporation of ANCHOR INSURANCE AGENCY, INC., as the registered agent of this corporation, hereby consents to accept service of process for the above-stated corporation at the place designated in the articles of incorporation, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his or her duties, and is familiar with and accepts the obligations of the position of registered agent.

ALAN FONK

Registered Agent