LARRY CROW, P.A.

LARRY CROW
BOARD CERTIFIED
REAL ESTATE ATTORNEY

May 24, 2000

135 EAST LEMON STREET TARPON SPRINGS, FL 34689 TEL: (813) 945-1112 FAX: (813) 945-9224

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 MAILING ADDRESS: P.O. DRAWER 909 TARPON SPRINGS, FL 34688-0909

RE: Mike Shobe, P.A.

To Whom It May Concern:

Please find enclosed Articles of Incorporation and Registered Agent Certificate as well as a check for \$70.00 to file. Please forward those documents back to me upon completion of recording. Please feel free to contact me if you have any questions.

Very-truly yours,

Cynthia R. Zimmerman

Paralegal

000003266900--4 -05/25/00--01075--020 ******70.00 ******70.00

mineeman

CRZ/ Enclosure

6° W

....

ARTICLES OF INCORPORATION

<u>of</u>

MIKE SHOBE, P.A.

The undersigned Michael Shobe does hereby make, subscribe, acknowledge and file(s) these Articles of Incorporation for the purpose of becoming a corporation under the laws of the State of Florida.

ARTICLE I

<u>NAME</u>

The names of this corporation shall be MIKE SHOBE, P.A.

ARTICLE II

NATURE OF BUSINESS

The general nature of the business to be transacted is to provide professional insurance services.

ARTICLE III

CAPITAL STOCK

The capital stock of this corporation shall consist of One

Thousand (1,000) shares of common stock with par value of One

Dollar (\$1.00).

The initial stockholder shall be MICHAEL SHOBE. Initial stock issued shall be One Thousand (1,000) shares.

The One Thousand shares held by the initial stockholder as listed above may not be resold or otherwise transferred to other persons unless such shares are first offered to the remaining stockholders or to this corporation.

ARTICLE IV

TERM OF EXISTENCE

This corporation shall have perpetual existence.

ARTICLE V

INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered and corporate ______ office of this corporation is 2390 Gun Flint Trail, Palm Harbor, Florida 34683 and the name of the initial registered agent of this corporation at that address is MICHAEL SHOBE.

ARTICLE VI

MANAGEMENT OF BUSINESS

All corporate powers shall be exercised by and under the authority of, and the business and affairs of this corporation shall be managed under, the direction of the shareholder of this corporation. This corporation will have directors.

ARTICLE VII

OFFICERS OF THE CORPORATION

The officers of the corporation shall be MICHAEL SHOBE, President and Secretary.

ARTICLE VIII

INCORPORATORS

2390 Gun Flint Trail Palm Harbor, FL 34683 Michael Shoke

STATE OF FLORIDA)

SS:
COUNTY OF PINELLAS)

The foregoing instrument was acknowledged before me this 24th day of May, 2000, by MICHAEL SHOBE, who is personally known to me or who has produced () a Driver's License or Non-Driver's I.D. issued by Florida or any other U.S. State; () a U.S. Passport or a Foreign Passport stamped by the U.S. Immigration and Naturalization Services; () a U.S. Military I.D.; () a Canadian or Mexican Driver's License issued by an official agency; () for an inmate in custody, an I.D. issued by the Florida Department of Corrections, as identification and who (did) (did not) take an oath.

CYNTHIA R. ZIMMERMAN
MY COMMISSION # CC 881665
EXPIRES: October 20, 2003
Sondad Thru Notary Public Underwriters

Name: Cynthia R. Zimmerman Notary Public State of Florida Commission No.:

2

Pursuant to the provisions of Chapter 608, 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 Company is MIKE SHOBE, P.A.

2.) The name and address of the registered agent and office is:

Michael Shobe
2390 Gun Flint Trail
Palm Harbor, FL 34683

Michael Shobe, President and Secretary

Date: 5-24-2000

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY 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.

By: Michael Stu

Michael Shope

Date: 5-24-2000