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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 922-4001

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 541-3694
Fax Number : (305) 541-3770

EFFECTIVE DATE
01-01-01

00 DEC 20 PM 4: 06

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

FLORIDA PROFIT CORPORATION OR P.A.

SCHNEIDER INSURANCE GROUP, INC.

Certificate of Status	0
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EFFECTIVE DATE
01-01-01
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ARTICLES OF INCORPORATION

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DIVISION OF CORPORATIONS
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OF

SCHNEIDER INSURANCE GROUP, INC.

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of this corporation shall be: SCHNEIDER INSURANCE GROUP, INC.

ARTICLE II

This corporation shall commence existence on January 01, 2001.

ARTICLE III

The principal place of business of this corporation is: 12808 MAYPAN DRIVE, BOCA RATON, FLORIDA 33428

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue are 1,000 shares having an individual par value of \$ 1.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

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ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be: JEFF A. SCHNEIDER, 12808 MAYPAN DRIVE, BOCA RATON, FLORIDA 33428

ARTICLE VII

The name and address of the initial board of director(s) shall be:

PRESIDENT

JEFF A. SCHNEIDER

12808 MAYPAN DRIVE

BOCA RATON, FL 33428

ARTICLE VIII

The name and address of the incorporator executing these Articles of Incorporation is:

Empire Corporate Kit of America, Inc.
2444 N.W. 7TH PLACE
MIAMI, FL 33127

The undersigned has executed these Articles of Incorporation this 20TH day of DECEMBER, 2000.

Ray Stormont

INCORPORATOR

Ray Stormont Signing for
Empire Corporate Kit of America, Inc.

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

SCHNEIDER INSURANCE GROUP, INC.
(Name of Corporation)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.

✓ *Jeff Schider*

REGISTERED AGENT

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