

Division of Corporations

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Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
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## From:

Account Name : ACCOUNTING & BEYOND  
Account Number : 119990000223  
Phone : (813) 998-9800  
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## FLORIDA PROFIT CORPORATION OR P.A.

ADVANCE INSURANCE OF HILLSBOROUGH, INC.

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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.

**ARTICLE I NAME**

The name of the corporation shall be:

**ADVANCE INSURANCE OF HILLSBOROUGH, INC.****ARTICLE II PRINCIPAL OFFICE**

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

**1908 W. BUSCH BLVD., TAMPA, FL 33612****ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is (1,000).

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

**WAYNE BROWN  
1908 W. BUSCH BLVD.  
TAMPA, FL 33612****ARTICLE V INCORPORATOR**

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

**TERESA A. BROWN  
1908 W. BUSCH BLVD.  
TAMPA, FL 33612****ARTICLE V BOARD OF DIRECTORS AND OFFICERS**

The initial Board of Directors shall consist of a total of 2 person(s). The name and address(es) of the person(s) who shall serve as the initial director(s) and officer(s) are:

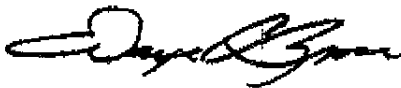
**President and Director  
WAYNE BROWN  
1908 W. BUSCH BLVD.  
TAMPA, FL 33612****Director  
TERESA A. BROWN  
1908 W. BUSCH BLVD.  
TAMPA, FL 33612**

Signature/Incorporator

8/12/02

Date

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

8/12/02

Date

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