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To:

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone

: (305)634-3694

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FLORIDA PROFIT CORPORATION OR P.A.

statewide insurance group, inc.

Certificate of Status			_
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ARTICLES OF INCORPORATION OF STATEWIDE INSURANCE GROUP, INC.

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SECRETARY OF STATL
TALLAHASSEE FLORIDA

THE UNDERSIGNED incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

STATEWIDE INSURANCE GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 3-102 ROYAL PALM WAY
BOCA RATON, FL 33432

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is SEVEN THOUSAND FIVE HUNDRED (7,500) shares having a par value of ONE DOLLAR (\$1.00) per share.

ARTICLE IV INCORPORATOR

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are): ANTHONY G. COLEMAN, JR. 3275 W. HILLSBORO BLYD. #207
DEERFIELD BEACH, FL 33442

ARTICLE V INITIAL BOARD OF DIRECTORS

The number of Directors constituting the initial Board of Directors of this Corporation is one (1). The number of Directors may be either increased or decreased from time to time by an amendment of the by-laws but shall never be less than one (1). The names and addresses of the initial Board of Directors are: STEVEN SPINDLER
3-102 ROYAL PALM WAY
BOCA RATON, FL 33432

These Articles of Incorporation Prepared By: ANTHONY G. COLEMAN, JR., Esq. 3275 West Hillsboro Boulevard Suite 207 Deerfield Beach, Florida 33442 (954) 354-2785 Florida Bar Number 368563

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ARTICLE VI INITIAL REGISTERED AGENT AND ADDRESS

The name(s) and address of the initial registered agent is:
ANTHONY G. COLEMAN, JR.
3275 W. HILLSBORO BLVD. #207
DEERFIELD BEACH, FL 33442
The undersigned has (have) executed these Articles of Incorporation this date: A

10 (//)

ANTHONY G. COLEMAN, JR., Incorporator

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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 corporation is: STATEWIDE INSURANCE GROUP, INC.
- The name and address of the registered agent and office is: ANTHONY G. COLEMAN, JR.
 W. HILLSBORO BLVD. #207 DEERFIELD BEACH, FL 33442

SIGNATURE TITLE:

INCORPORATOR

DATE: AUGUST 14, 2002

Having been named Registered Agent 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 registered agent.

Registered Agent

AUGUST 14, 2002

Date