

P02000119365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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95
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**CORPORATE
ACCESS,
INC.**

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

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11/7/02 *[Signature]*

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Articles

1.) Equitable Insurance Group, Inc.
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

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SPECIAL INSTRUCTIONS

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Equitable Insurance Group, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7575 Dr. Phillips Blvd., Ste 270, Orlando, Florida 32819

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

General Insurance Agent

ARTICLE IV SHARES

The number of shares of stock is:

1,000 shares @ 1 cent per share

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

F. Larry Joseph

President

7575 Dr. Phillips Blvd., Ste. 270

Orlando, Florida 32819

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

F. Larry Joseph

7575 Dr. Phillips Blvd., Ste 270

Orlando, Florida 32819

ARTICLE VII INCORPORATOR

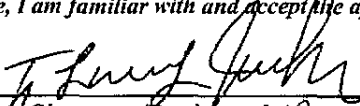
The name and address of the Incorporator is:

F. Larry Joseph

7575 Dr. Phillips Blvd., Ste. 270

Orlando, Florida 32819

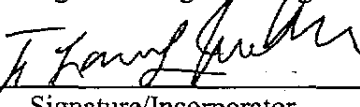
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

11/04/02

Date



Signature/Incorporator

11/04/02

Date

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