

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : GERALD S. LESHER Account Number: I19990000219 : (561)471-7155 Phone

: (561) 471-8055 Fax Number

FLORIDA PROFIT CORPORATION OR P.A.

COVERAGE SOLUTIONS INC

Certificate of Status	0
Certified Copy	0
Page Count	01
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ARTICLES OF INCORPORATION

OF

COVERAGE SOLUTIONS INC INC.

THE UNDERSIGNED, acting as incorporator of a Corporation under the Florida Business Corporation Act, adopts the following Articles of Incorporation for such Corporation:

ARTICLE I - NAME

The name of this Corporation is: COVERAGE SOLUTIONS INC.

ARTICLE II - DURATION

The duration of this Corporation is perpetual.

ARTICLE III - PURPOSE

The purpose for which this Corporation is organized is to engage in any lawful act or activities for which corporations may be organized under the laws of the State of Florida.

ARTICLE IV - MAILING ADDRESS OF CORPORATION

The mailing address and principal place of business of this Corporation is: 1555 Palm Beach
Lakes Blvd Suite 1510 West Palm Beach FI 33401

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ARTICLE V - STOCK

The aggregate number of shares which this Corporation shall have authority to issue is 1,000,000 shares of no par common voting stock.

ARTICLE VI - INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The street address of this Corporation's initial registered office in Florida is 1555 Palm Beach Lakes Blvd. Ste 1510 West Palm Beach, Florida 33401, and the name of its initial registered agent at that address is GERALD S. LESHER. 1555 Palm Beach Lakes Blvd. Ste 1510 West Palm Beach, Florida 3341

ARTICLE VII - INCORPORATOR

The name and address of the incorporator is:

Name

Address

GERALD S. LESHER

1555 PALM BEACH LAKES BLVD SUTTE 1510

WEST PALM BEACH FL 33401

DATED this 8 TH day of July.2003

GERALD S. LESHER, Incorporator and

Registered Agent

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CERTIFICATE DESIGNATING PLACE OF

BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

ACKNOWLEDGMENT:

Having been named to accept service of process for COVERAGE SOLUTIONS INC. registered office of the Corporation in this State designated in its Articles of Incorporation, I hereby accept to act in this capacity and agree to comply with the provisions of Section 607.0505 Florida Statutes.

Date: 8th day of July. 2003

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STATE OF FLORIDA

)ss:

COUNTY OF PALM BEACH

I HERBBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared, GERALD S.LESHER, to me known to be the person described in and who executed the foregoing instrument and acknowledged before me that he executed the same for the purposes therein expressed.

WITNESS my hand and official seal in the County and State last aforesaid this 16th day of July, 2001

Notary Public

BALWA SCIARRINO

MY COMMISSION # DD 213348

EXPIRES: Auto 25, 2007

Boaded Thus Notery Fubilic Underwriters

Sign: Salura Susarum

State of Florida at Large My Commission Expires:

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