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Division of Corporations

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Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850)205-0381

From:

Account Name : THE TAX MAN, INC.  
Account Number : I19990000042  
Phone : (561)799-3810  
Fax Number : (561)799-1818

FLORIDA PROFIT CORPORATION OR P.A.

PARADISE INSURANCE GROUP, INC.

Certificate of Status	1
Certified Copy	0
Page Count	05
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF  
PARADISE INSURANCE GROUP, INC.

ARTICLE I

NAME

The name of this corporation is PARADISE INSURANCE GROUP, INC.

ARTICLE II

NATURE OF BUSINESS

This Corporation may engage in any business activity or business permitted under the laws of The United States and the State of Florida.

ARTICLE III

CAPITAL STOCK

The maximum number of shares of stock that this Corporation is authorized to have outstanding at any one time is ONE THOUSAND (1,000) SHARES of common stock having \$1.00 par value.

ARTICLE IV

INITIAL CAPITAL

The amount of capital that this Corporation will begin with is FIVE HUNDRED (\$500.00) DOLLARS.

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ARTICLE V

TERM OF EXISTENCE

This Corporation shall have perpetual existence.

ARTICLE VI

INITIAL REGISTERED OFFICE AND AGENT

The address in the State of Florida of the principle office of this Corporation is 3660 Chesapeake Ct., Wellington, Florida, 33414, and the name of the initial registered agent at this address is Marie E. Monisera.

ARTICLE VII

INITIAL BOARD OF DIRECTORS

The Corporation shall have one (1) director initially. The number of directors may either be increased or diminished from time to time by the by-laws, but shall never be less than one.

ARTICLE VIII

INITIAL DIRECTORS

Marie E. Monisera

3660 Chesapeake Ct.  
Wellington, FL 33414

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ARTICLE IX  
INCORPORATORS

The name and address of the person signing these articles of incorporation is:

Marie E. Monisera

3660 Chesapeake Ct.  
Wellington, FL 33414

IN WITNESS WHEREOF, the undersigned subscribers have executed these articles of incorporation this 19th day of September, 2003.

  
Marie E. Monisera

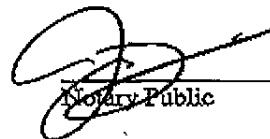
STATE OF FLORIDA

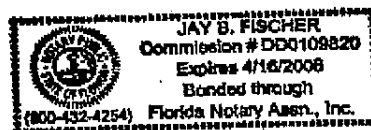
COUNTY OF PALM BEACH

Before me, a notary public authorized to take acknowledgments in the state and county set forth above, Marie E. Monisera, personally appeared, known by me to be the person who executed these article of incorporation.

IN WITNESS THEREOF, I have hereunto set my hand and official seal, in the state and county aforesaid, this 19th day of September, 2003.

{SEAL}

  
Notary Public



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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE  
SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS  
MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48,091, FLORIDA STATUTES, THE  
FOLLOWING IS SUBMITTED:

FIRST— PARADISE INSURANCE GROUP, INC.  
DESIRES TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA WITH ITS  
PRINCIPLE PLACE OF BUSINESS AT THE CITY OF WEST PALM BEACH, PALM  
BEACH COUNTY, STATE OF FLORIDA, HAS NAMED MARIE E. MONISERA AT 3660  
CHESAPEAKE CT., WELLINGTON, STATE OF FLORIDA AS ITS AGENT TO ACCEPT  
PROCESS WITHIN FLORIDA.

SIGNED

*Marie E. Monisera*

TITLE PRESIDENT

DATE SEPTEMBER 19, 2003

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE  
CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY  
AGREE TO ACT IN ACCORDANCE WITH THE PROVISIONS OF ALL STATUTES  
RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNED

*Marie E. Monisera*

Marie E. Monisera  
Resident Agent

DATE September 19, 2003

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