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To:

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

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (305) 674-3313
Fax Number : (305) 675-2811

FLORIDA PROFIT CORPORATION OR P.A.

PARAMOUNT INSURANCE SERVICES, INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
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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:

PARAMOUNT INSURANCE SERVICES, INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business/mailling address is:

1250 DOUGLAS AVE. SUITE 110
LONGWOOD, FL 32779

ARTICLE III: PURPOSE

The purpose for which the corporation is organized:

The corporation may engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV: SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$.01

ARTICLE V: INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(s), and title(s) of the directors and officers is/are:

DIRECTOR:

STEPHEN BIRGE
1250 DOUGLAS AVE. SUITE 110
LONGWOOD, FL 32779

DIRECTOR:

STEVEN K. HOPE
1250 DOUGLAS AVE. SUITE 110
LONGWOOD, FL 32779

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PARAMOUNT INSURANCE SERVICES, INC.

DIRECTOR:

JOSEPH G. GONZALES

1250 DOUGLAS AVE. SUITE 110

LONGWOOD, FL 32779

ARTICLE VI: REGISTERED AGENT

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

STEPHEN BIRGE

1250 DOUGLAS AVE. SUITE 110

LONGWOOD, FL 32779

ARTICLE VII: INCORPORATOR

The name and Florida street address of the incorporator is:

STEPHEN BIRGE

1250 DOUGLAS AVE. SUITE 110

LONGWOOD, FL 32779

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.

STEPHEN BIRGE / Registered Agent

Date

STEPHEN BIRGE / Incorporator

Date

No. 5133 P. 3

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