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BUD FARRAR AGENCY STATE FARM INSURANCE COMPANIES 125 E. MERRITT ISLAND CSWY., #127 MERRITT ISLAND, FL. 32952		
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CORPORATE ARTICLES OF INCORPORATION

OF

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BUD FARRAR INSURANCE AGENCY INC.

IALLAHASSEE FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Corporate Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

BUD FARRAR INSURANCE AGENCY INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

125 E. Merritt Island Cswy. Ste 127 Merritt Island, Florida 32952

ARTICLE III CAPTIAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares of no par value stock.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:
Robert Farrar
125 E. Merritt Island Cswy Ste 127
Merritt Island, Fl. 32952

ARTICLE V INCORPORATOR(S)

The name and street address of the incorporator to these Articles of Incorporation is:

Robert "Bud" Farrar 125 E. Merritt Island Cswy Ste 127 Merritt Island, Fl. 32952

The undersigned has executed these Articles of Incorporation this day of Jule ,2004.

Robert Farrar

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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:

Bud Farrar Insurance Agency Inc.

2. The name and address of the registered agent and office is:

Robert Farrar 125 E. Merritt Island Cswy Suite 127 Merritt Island, FL 32952

SIGNATURE

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President

DATE

6-1-2004

HAVING BEEN NAMED AS REGISTERED AGENT AND 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 STATUTUES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIARY WITH AND ACCEPT THE OBLICATIONS OF MY POSITION AS REGISTERED AGENT.

STGNATURE

Robert Farrar

DATE 6-1-1004