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NECTIVES 04 NOV 19 AN IO 54 DIVISION OF CONTRACTION



CORPORATION SERVICE COMPANY"

ACCOUNT NO. : 07210000032
REFERENCE : 981161 4352697
AUTHORIZATION : Patricia figur.
COST LIMIT : \$ 70.00
ORDER DATE : November 18, 2004
ORDER TIME : 9:38 AM
ORDER NO. : 981161-010
CUSTOMER NO: 4352697
CUSTOMER: Ms. Patricia K. Kaster Humana Inc.
500 West Main Street P.o. Box 1438 Louisville, KY 40202
DOMESTIC FILING
NAME: FLAQ, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY

 XX
 PLAIN STAMPED COPY
- _____ CERTIFICATE OF GOOD STANDING
- CONTACT PERSON: Sara Lea EXT. 2914 EXAMINER'S INITIALS:

ARTICLES OF INCORPORATION

OF

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FLAQ, INC.

The undersigned does hereby act as incorporator in adopting the following Articles of Incorporation for the purpose of organizing a corporation for profit, pursuant to the provisions of the Florida Business Corporation Act.

<u>FIRST</u>: The corporate name for the corporation (hereinafter called the "Corporation") is FLAQ, INC.

SECOND: The principal office and place of business of the Corporation shall be at 3501 S. W. 160th Avenue, Attn: Heidi Garwood, Miramar, Florida 33027, but the Corporation may have and maintain branches, offices and places of business and activities elsewhere.

<u>THIRD</u>: The period of its duration is perpetual.

<u>FOURTH</u>: The purpose for which the Corporation is organized is to engage in any lawful act or activity for which a corporation may be organized under the Florida Business Corporation Act.

<u>FIFTH</u>: The aggregate number of shares which the corporation is authorized to issue is One Thousand (1,000) shares of common stock at \$1.00 par value.

SIXTH: The street address of the initial registered office of the Corporation in the in the State of Florida is 1201 Hays Street, Tallahassee, Florida 32301.

The name of the initial registered agent of the Corporation at the said registered office is Corporation Service Company.

<u>SEVENTH</u>: The name and the mailing address of the Incorporator are:

NAME

ADDRESS

Joan O. Lenahan

500 West Main Street Louisville, KY 40202

<u>EIGHTH</u>: The Corporation is authorized to indemnify any director, officer, employee or agent of the Corporation to the fullest extent allowed, and in the manner provided, by the law of the State of Florida.

Signed on this 17th day of November, 2004.

INCORPORATOR

By: <u>Joan O. Lenahan</u>

Having been named as registered agent to accept service of process for the abovenamed corporation at the place designated in these Articles of Incorporation, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

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CORPORATION SERVICE COMPANY

By: <u>Manaput Pite</u> Name: Maradret Pite Title: Asst. Secretary

FILED 2004 NOV 19 P 1: 41 SECRETARY OF STATE TALLAHASSEE, FLORIDA