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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 : (800)494-3124
Fax Number : (305)675-2811

EFFECTIVE DATE
01-01-05

FLORIDA PROFIT CORPORATION OR P.A.

AL HARGROVE INSURANCE AGENCY, INC.

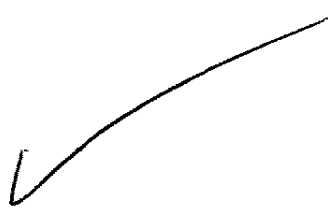
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CORPORATION DIVISION
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be
AL HARGROVE INSURANCE AGENCY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is
2620 W TENNESSEE ST STE 5
TALLAHASSEE FL 32304-2568

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(es), and title(s) of the directors and officers is:
DIRECTOR & PRESIDENT:
ALTON D. HARGROVE
2620 W TENNESSEE ST STE 5
TALLAHASSEE FL 32304-2568

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ARTICLE VI REGISTERED AGENT

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

ALTON D. HARGROVE
2620 W TENNESSEE ST STE 5
TALLAHASSEE FL 32304-2568

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

ALTON D. HARGROVE
2620 W TENNESSEE ST STE 5
TALLAHASSEE FL 32304-2568

ARTICLE VIII EFFECTIVE DATE

The effective date is January 1st, 2005.

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.

Alton D Hargrove
Signature / Registered Agent

12/30/04
Date

Alton D Hargrove
Signature/Incorporator

12/30/04
Date

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