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| (Reque                                  | estor's Name)    |           |  |
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| (Addre                                  | ess)             |           |  |
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| (City/State/Zip/Phone #)                |                  |           |  |
| PICK-UP                                 | WAIT             | MAIL MAIL |  |
| (Busin                                  | ess Entity Name) |           |  |
| (Document Number)                       |                  |           |  |
| Certified Copies                        | Certificates of  | Status    |  |
| Special Instructions to Filing Officer: |                  |           |  |
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05 FEB -2 PM 3: 43 SECHETARY OF STATE AND ASSEE, FLORIDA

FILEU

# TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| SUBJECT: The Pr      | oducer Group, Inc. (PROPOSED CORPORA | TE NAME — MUSTING          | UDE SUTTIX)      |
|----------------------|--------------------------------------|----------------------------|------------------|
| Enclosed are an orig | rinal and one (1) copy of the art    | icles of incorporation and | a check for:     |
| \$70.00              | <b>2</b> \$78.75                     | \$78.75                    | □ ¢oz ¢o         |
| ,                    |                                      | · ·                        | \$87.50          |
| Filing Fee           | Filing Fee                           | Filing Fee                 | Filing Fee,      |
|                      | & Certificate of Status              | & Certified Copy           | Certified Copy   |
|                      |                                      | 1                          | & Certificate of |
|                      |                                      |                            | Status           |
|                      |                                      | ADDITIONAL CO              | PY REQUIRED      |
| FROM: Th             | e Producer Group                     |                            |                  |
|                      | Name                                 | (Printed or typed)         |                  |
|                      | 163 E. Morse Blvd., Suite 100        |                            |                  |
| •                    |                                      | Address                    | <del></del>      |
| ,                    | Winter Park FL 32789                 |                            |                  |
| -                    | City,                                | State & Zip                |                  |
| <u>.</u>             | 407-774-8677                         |                            |                  |
|                      | Daytime 7                            | elephone number            |                  |

NOTE: Please provide the original and one copy of the articles.

# ARTICLES OF INCORPORATION

FILED

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

05 FEB -2 PM 3:43

## ARTICLE I NAME

The name of the corporation shall be:

SECRETARY OF STATE TALL AHASSEE, FLORIDA

The Producer Group, Inc.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

163 E. Morse Blvd., Suite 100, Winter Park FL 32789

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

## ARTICLE IV SHARES

The number of shares of stock is:

1000

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Stephen R. Looney Dean, Mead, Egerton, Bloodworth, Capouano & Bozarth 800 North Magnolia Avenue, Suite 1800, Orlando FL 32803

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

The Producer Group 163 E. Morse Blvd., Suite 100 Winter Park FL 32789

| ************************   |        |  |  |
|--|--------|--|--|
| 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 |        |  |  |
|  | 2/1/05 |  |  |
| Signature/Registered Agent   | Date   |  |  |
| Joseph Jand  | 2/1/05 |  |  |
| Signature/Incorporator   | Date   |  |  |