

P05000022530

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Division of Corporations
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To:

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From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.
EXPOSURE MANAGEMENT GROUP, INC.**

Certificate of Status	0
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2-14



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 11, 2005

FAS-T CORP, AGENTS, INC.

SUBJECT: EXPOSURE MANAGEMENT GROUP, INC.
REF: W05000007338

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Suzanne Hawkes
Document Specialist
New Filings Section

FAX Aud. #: R05000034228
Letter Number: 805A00009812

There is not an Exposure Management Group Inc. registered. Please revised.

Thanks Vivian

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be: **Exposure Management Group, Inc.**

ARTICLE II PRINCIPAL OFFICE/ADDRESS

The mailing address of business of this corporation shall be:
**210 South Pinellas Avenue, Suite 152
Tarpon Springs, FL 34689**

ARTICLE III SHARES

The number of shares of stock this corporation is authorized to have outstanding at any one time is:
**One-Thousand (1,000) Shares
Common Stock**

ARTICLE IV INITIAL REGISTERED AGENT

The name and Florida street address of the initial registered agent are:
**David D. Serfass
49 Central Court
Tarpon Springs, FL 34689**

ARTICLE V INCORPORATOR

The name and mailing address of the incorporator to these Articles of Incorporation are:
**Thorlin A. Lee
4615 Rock Elm Woods
San Antonio, TX 78249**

ARTICLE VI OFFICERS

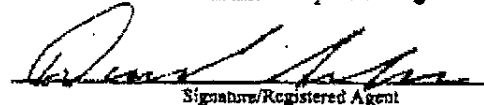
The officers of the corporation are:

David D. Serfass:	D/P
Thorlin A. Lee:	D/VP/S
Peter E. Perrine:	D/VP/T


Signature/Incorporator

2-9-05
Date

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 statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature/Registered Agent

2-9-05
Date

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