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Division of Corporations

CAPITAL CONNECTION

NO 492

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

FLORIDA PROFIT/NON PROFIT CORPORATION

ROYAL PALM BEACH INSURANCE INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
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TALLAHASSEE, FLORIDA

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CAPITAL CONNECTION

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Flori NO. 4920 pt P. 2 State



February 23, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

YOUR CAPITAL CONNECTION

SUBJECT: ROYAL PALM BEACH INSURANCE INC.
REF: W06000009104

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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:

ROYAL PALM BEACH INSURANCE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

650-9 Royal Palm Beach Blvd.
Royal Palm Beach, FL 33411

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INSURANCE AGENCY

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

BRIAN TODD LARIVIERE (PRES) (VICE PRESS) (SEC) (TRES)
4901 PALM BEACH BLVD. #102
FORT MYERS FL. 33905

ARTICLE VI REGISTERED AGENT

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

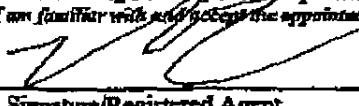
BRIAN TODD LARIVIERE
4901 PALM BEACH BLVD. #102
FORT MYERS FL. 33905

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

PETER SPRAGUE
4901 PALM BEACH BLVD #102
FORT MYERS FL. 33905

Having been named as registered agent to accept service of process for the above named 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



Signature/Registered Agent

2/20/06

Date



Signature/Incorporator

2/22/06

Date

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