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Florida Department of State

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FLORIDA PROFIT/NON PROFIT CORPORATION

Global Catastrophe Management, INC.

Certificate of Status	1
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ARTICLES OF INCORPORATION

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SECRETARY OF STATE

The understaned incorporator(s), for the purpose of forming a corporation under the Florida Business LORIDA Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Global Catastrophe Management, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Global Catastrophe Management, Inc. 9599 Sloane Street Orlando, FL 32827

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

> Harry M. Samuels 2901 Stirling Road, Suite 307 Fort Lauderdale, FL 33312

Prepared By: truce B. Hubbard 7 East John St. licksville. New York 11801 -516-935-3940

ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Brian Southard - President/Director 9599 Sloane Street Orlando, FL 32827

ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Brian Southard 9599 Sloane Street Orlando, FL 32827

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

3rd day of March 2006.

Brian Southard - Signature

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

06 MAR -6 PM 1: 06

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATE CLORIDA UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Global Catastrophe Management, Inc.	
2. The name and address of the registe	ered agent and office is:
2, 1110 Halling and address 41 and 198121	VI-0 100-1111 - 1111-1111-1111-1111-1111-
	Harry M. Samuels
	Name
	2901 Stirling Road, Suite 307
	(P.O. Box or Mail Drop Box NOT Acceptable)
	Fort Lauderdale, FL 33312
	(City / State / Zip)
	•
Having been named as registered a	igent 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
· ·	city. I further agree to comply with the provisions of all the statutes
relating to the proper and complete obligations of my position as registe	e performance of my duties, and am familiar with and accept the ered agent

Harry M. Samuels

March 3, 2006

(Date)