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Division of Corporations

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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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 : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**ALL SEASONS INSURANCE CO.**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$70.00

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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:

ALL SEASONS INSURANCE CO.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

12300 SEMINOLE BLVD STE 2  
LARGO, FL 33778-2743

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:

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:  
RONALD ANTHONY DOMENICK II  
14128 YACHT CLUB BLVD  
SEMINOLE, FL 33776-1210

ARTICLE VI REGISTERED AGENT

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

RONALD ANTHONY DOMENICK II  
14128 YACHT CLUB BLVD  
SEMINOLE, FL 33776-1210

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PAGE 2 ALL SEASONS INSURANCE CO.

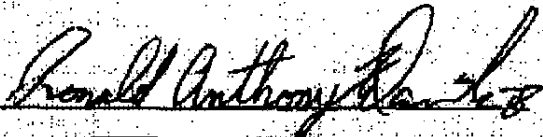
ARTICLE VII INCORPORATOR

The name and Florida street address of the Incorporator is:

RONALD ANTHONY DOMENICK II  
14128 YACHT CLUB BLVD  
SEMINOLE, FL 33776-1210

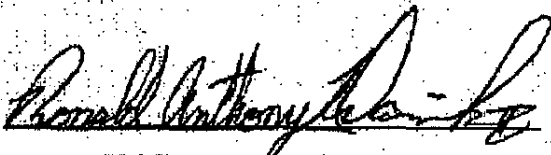
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



RONALD ANTHONY DOMENICK II / Registered Agent

Date 6/7/06



RONALD ANTHONY DOMENICK II / Incorporator

Date 6/7/06

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