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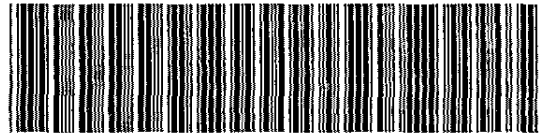
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. WHITE SEP -6 2006

COVER LETTER

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

SUBJECT: Allexxis Insurance Agency, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Melinda Green
Name (Printed or typed)

55 NE 5th Avenue, Suite 501
Address

Boca Raton, FL 33432
City, State & Zip

954-974-3682
Daytime Telephone number

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

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:

Allexxis Insurance Agency, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

55 NE 5th Avenue, Suite 501, Boca Raton, FL 33431

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Title Insurance Agency

ARTICLE IV SHARES

The number of shares of stock is:

100 Shares at a Par Value of \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Michael Camilleri as President and Treasurer

Stephanie Munsey as Vice President and Secretary

ARTICLE VI REGISTERED AGENT

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

Melinda Green, 55 NE 5th Avenue, Suite 501, Boca Raton, FL 33432

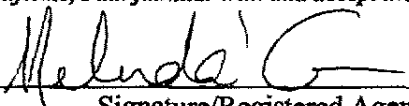
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael Camilleri, 55NE 5th Avenue, Suite 501, Boca Raton, FL 33432

Stephanie Munsey, 405 East Spring Road, Columbia, SC 29223

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



Signature/Registered Agent



Signature/Incorporator

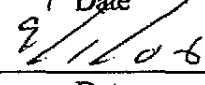
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Date



Date