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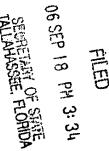
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COVER LETTER

Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314 Lynch Insurance (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 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Name (Printed or typed)

428 Madis On Aue

Address

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

Daytime Telephone number

Oranse Darh FZ 32065
City, State & Zip
904-505-4854

1.0

ARTICLES OF INCORPORATION

06 SEP 18 PM 3: 34

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SEGRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: LYNCH INSURANCE, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 428 MADISON AVE 26-B, ORANGE PARK, FL 32065

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: INSURANCE AGENCY

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): LONNIE T. LYNCH, 428 MADISON AVE 26-B, ORANGE PARK, FL 32065

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: LONNIE T. LYNCH, 428 MADISON AVE 26-B, ORANGE PARK, FL 32065

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: LONNIE T. LYNCH, 428 MADISON AVE 26-B, ORANGE PARK, FL 32065

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

LONNIE T. LYNCH Signature/Registered

Agent Date

LONNIE T. LYNCH

Signature/Incorporator Date -

9/13/06