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(((H07000214423 3)))



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To:

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From:_

: THE TAX MAN, INC. Account Name

Account Number : 119990000042 Phone

: (561)799-3810

Fax Number

: (561)799-1818

FLORIDA PROFIT/NON PROFIT CORPORATION

STAZZONE INSURANCE SERVICES, INC.

Certificate of Status	• .	1
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T. Burch AUG 2.8 2007

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ARTICLES OF INCORPORATION

OF

STAZZONE INSURANCE SERVICES, INC.

ARTICLE I

NAME

The name of this corporation is STAZZONE INSURANCE SERVICES, INC.

2007 AUG 27 PN 4: 00

ARTICLEII

NATURE OF BUSINESS

This Corporation may engage in any business activity or business permitted under the laws of The United States and the State of Florida.

ARTICLE III

CAPITAL STOCK

The maximum number of shares of stock that this Corporation is authorized to have outstanding at any one time is ONE THOUSAND (1,000) SHARES of common stock having \$1.00 par value.

ARTICLEIV

INITIAL CAPITAL

The amount of capital that this Corporation will begin with is FIVE HUNDRED (\$500.00) DOLLARS.

ARTICLEV

TERM OF EXISTENCE

This Corporation shall have perpetual existence.

ARTICLE VI

INITIAL REGISTERED OFFICE AND AGENT

The address in the State of Florida of the principle office of this Corporation is 816 Coventry Street, Boca Raton, Florida, 33487, and the name of the initial registered agent at this address is Michael V. Stazzone.

ARTICLE VII

INITIAL BOARD OF DIRECTORS

The Corporation shall have two (2) directors initially. The number of directors may either be increased or diminished from time to time by the by-laws, but shall never be less than one.

ARTICLE VIII

INITIAL DIRECTORS

Michael V. Stazzone

816 Coventry Street Boca Raton, FL 33487

Maria Stazzone

816 Coventry Street Boca Raton, FL 33487

ARTICLE IX

INCORPORATORS

The name and address of the persons signing these articles of incorporation is:

Michael V. Stazzone

816 Coventry Street Boca Raton, FL 33487

Maria Stazzone

816 Coventry Street Boca Raton, FL 33487

IN WITNESS WHEREOF, the undersigned subscribers have executed these articles of incorporation this 23 day of August, 2007.

1111

Maria Stazzone

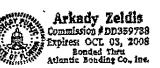
STATE OF FLORIDA

COUNTY OF PALM BEACH

Before me, a notary public authorized to take acknowledgments in the state and county set forth above, Michael & Maria Stazzone personally appeared, known by me to be the person who executed these articles of incorporation.

IN WITNESS THEREOF, I have hereunto set my hand and official seal, in the state and county aforesaid, this _____ day of August, 2007.

(SEAL)



H070002144233

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48,091, FLORIDA STATUTES, THE . FOLLOWING IS SUBMITTED:

FIRST—STAZZONE INSURANCE SERVICES, INC.
DESIRES TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA WITH ITS
PRINCIPLE PLACE OF BUSINESS AT THE CITY OF BOCA RATON, PALM BEACH
COUNTY, STATE OF FLORIDA, HAS NAMED MICHAEL V. STAZZONE, AT \$16
COVENTRY STREET CITY OF BOCA RATON, STATE OF FLORIDA AS ITS AGENT TO
ACCEPT PROCESS WITHIN FLORIDA.

SIGNED

TITLE PRESIDEN

DATE

AUGUST 23 . 2007

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN ACCORDANCE WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNED

hchael V. Stazzone Resident Agent

DATE August 23 . 2007