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(Requestor's Name)		
Steve Barry, Age 3899 S Suncoast, Blvd Suit Homosassa, FL 34448-2618 Bus 352-628-6944 . Fax 352 Toll Free 866-628-6944 steve barry.bxm5@statefam	e 200 3 -628-5729	
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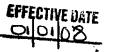


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ARTICLES OF INCORPORATION

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

07 DEC 12 PM 2:18

ARTICLE I NAME

The name of the corporation shall be:

STEVE BARRY INSURANCE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3899 S SUNCAOST BLVD. STE. 200 HOMOSASSA, FL 34448

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
THIS CORPORATION MAY ENGAGE IN OR TRANSACT ANY OR ALL LAWFULL
BUSINESS PERMITTED.

ARTICLE IV SHARES

The number of shares of stock is:

500 (1.00) SHARE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MARK S BARRY PRESIDENT/ SECRETARY

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: MARK S BARRY 3899 S SUNCOAST BLVD. STE 200 HOMOSASSA, FL 34448

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:
MARK S BARRY
3899 S SUNCOAST BLVD. STE. 200
HOMOSASSA, FL 34448
ARTICLE VIII EFFECTIVE DATE JANUARY 1, 2008

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

12.10,07

Date

Date

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