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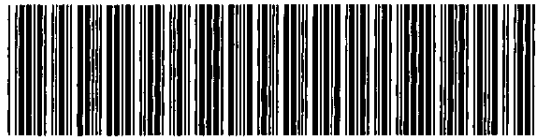
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TALLAHASSEE, FLORIDA

The Law Office of
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S. NOEL WHITE
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February 4, 2008

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Lancaster & Associates Insurance, Inc.

Dear Sir or Madam:

Enclosed for filing is an **original and one copy** of the Articles of Incorporation for **Lancaster & Associates Insurance, Inc.** along with the Designation and Acceptance of Registered Agent.

Also enclosed is my client's check for \$87.50 payable to the Department of State, to cover the Filing Fee, Certified Copy, and Certificate of Status.

If there are any questions, or problems, please do not hesitate to contact me directly.

Sincerely,



S. Noel White
Attorney at Law

**ARTICLES OF INCORPORATION
OF
LANCASTER & ASSOCIATES INSURANCE, INC.
(A Florida For Profit Corporation)**

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TALLAHASSEE, FLORIDA

The undersigned, acting as incorporator to these Articles of Incorporation, hereby forms a corporation for profit under the Laws of the State of Florida, Chapter 607 F.S.

ARTICLE I – NAME.

The name of the corporation shall be: LANCASTER & ASSOCIATES INSURANCE, INC.

ARTICLE II – PRINCIPAL OFFICE & MAILING ADDRESS.

The principal place of business of the corporation shall be: 4114 Sailfish Drive SE, St. Petersburg, FL 33705. The mailing address of the corporation shall be: 4114 Sailfish Drive SE, St. Petersburg, FL 33705.

ARTICLE III – PURPOSE.

The purpose for which this corporation is organized to engage in any activities or businesses permitted under the laws of the United States and the laws of the State of Florida.

ARTICLE IV – SHARES.

The corporation is authorized to issue One Thousand (1,000) shares of stock, all of one class, at a par value of One Dollar (\$1.00) per share. All issued stock shall be held of record by not more than 75 persons. Stock will be issued and transferred only to (a) natural persons, (b) estates, or (c) a trust defined in 26 U.S.C. §1361(c)(2) or its successor section. In addition, no stock shall be issued or transferred to an nonresident alien.

ARTICLE V – INCORPORATOR.

The name and address of the Incorporator of the corporation is: CLAYTON A. LANCASTER, 4114 Sailfish Drive SE, St. Petersburg, FL 33705.

ARTICLE VI – REGISTERED AGENT.

The name and street address of the initial registered agent of the corporation is: Clayton A. Lancaster, 4114 Sailfish Drive SE, St. Petersburg, FL 33705.

ARTICLE VII – DIRECTORS.

The name and street address of each initial Director is:

Clayton A. Lancaster, 4114 Sailfish Drive SE, St. Petersburg, FL 33705

Lameteric S. Lancaster, 4114 Sailfish Drive SE, St. Petersburg, FL 33705

IN WITNESS WHEREOF, the undersigned Incorporator has signed these Articles of Incorporation on 2/4/2008, 2008.


CLAYTON A. LANCASTER, Incorporator

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing Articles of Incorporation were acknowledged before me on, by CLAYTON A. LANCASTER, who produced his Florida drivers license by way of identification and who did not take an oath.


NOTARY PUBLIC, State of Florida
My Commission Expires:



Darryl D. Boule
Comm. No.: DD 648394
Notary Public, State of Florida
My comm. exp March 11, 2011

**CERTIFICATE OF DESIGNATION & ACCEPTANCE OF
REGISTERED AGENT & REGISTERED OFFICE**

Pursuant to the provisions of §607.0202 and §607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the Registered Agent/Registered Office, in the State of Florida.

1. The name of the corporation is: LANCASTER & ASSOCIATES INSURANCE, INC.
2. The name and address of the registered agent and registered office are:

Clayton A. Lancaster, 4114 Sailfish Drive SE, St. Petersburg, FL 33705.


CLAYTON A. LANCASTER, Director

2-4-08
Date


LAMETERIC S. LANCASTER, Director

2/4/08
Date

Having been named as Registered Agent and to accept service of process for the above stated corporation at the place designated in this Certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered agent


Clayton A. Lancaster, Registered Agent

2-4-08
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA