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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 MAY -9 PM 1:06

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FLORIDA PROFIT/NON PROFIT CORPORATION

New Age Insurance, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
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DIVISION OF CORPORATION

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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:

NEW AGE INSURANCE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

300 SOUTH STREET
FERN PARK, FLORIDA 32730

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

DIRECTOR, PRESIDENT, SECRETARY, TREASURER
LORRAINE LIZARDO
300 SOUTH STREET
FERN PARK, FLORIDA 32730

VICE-PRESIDENT
OLGA LIZARDO
600 PUGH STREET
LAKE MARY, FL 32746

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ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

LORRAINE LIZARDO
300 SOUTH STREET
FERN PARK, FLORIDA 32730

ARTICLE VII INCORPORATOR

The name and Florida street address of the Incorporator is:

LORRAINE LIZARDO
300 SOUTH STREET
FERN PARK, FLORIDA 32730

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TALLAHASSEE, FLORIDA

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.


LORRAINE LIZARDO / Registered Agent

5/9/08
Date


LORRAINE LIZARDO / Incorporator

5/9/08
Date