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

From: Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

Specialty Insurance Resources, Inc.

Certificate of Status	0
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ARTICLES OF INCORPORATION

OF

Specialty Insurance Resources, Inc.

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TAMPA, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is **Specialty Insurance Resources, Inc.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is **2101 N. Dundee St., Tampa, Florida 33629.**

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having a par value of (\$1.00) per share.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **T. Michael Rosier, 2101 N. Dundee Street, Tampa, FL 33629.**

ARTICLE V: INITIAL OFFICERS AND DIRECTORS

The name and address of the initial Officers and Directors of the corporation are:

Richard M. Legere., Director./President./CEO, 1204 Newgate Road, West Suffield Connecticut, 06093

T. Michael Rosler., Director./Vice President./Treasurer, 2101 N. Dundee Street, Tampa Florida, 33629

Darcy Sims, Director, 180 Riverside Blvd., Apt. 18G, New York New York, 10069

David R. Schachter, Director./Secretary, 5000 N. Ocean Blvd., Apt. 709, Lauderdale by the Sea Florida, 33308

ARTICLE VI: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL. 32301.

The undersigned has executed these Articles of Incorporation this 23rd day of July 2008.

"Your Capital Connection, Inc. by, Seth Neeley, Client Representative"



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CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: Specialty Insurance Resources, Inc.

2. The name and street address of the registered agent and office is: _____

T. Michael Rosier

2101 N. Dundee Street
Tampa, FL 33629

HAVE 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.


T. Michael Rosier