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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : THE TAX MAN, INC.

Account Number :

119990000042

Phone

(561)799-3810

Fax Number

(561)799-1818

FLORIDA PROFIT/NON PROFIT CORPORATION

CJC INSURANCE SOLUTIONS, INC.

@ 9/15/08

Certificate of Status1Certified Copy0Page Count05Estimated Charge\$78.75

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ARTICLES OF INCORPORATION

OF

CJC INSURANCE SOLUTIONS, INC.

ARTICLE I

NAME

The name of this corporation is CJC INSURANCE SOLUTIONS, INC.

ARTICLE II

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.

ARTICLE IV

INITIAL CAPITAL

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

SECRETARY OF STATE ... TALLAHASSEE, FLORIDA

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ARTICLE V

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 8450 Village Edge Circle #5, Fort Myers, FL 33919, and the name of the initial registered agent at this address is Christopher Carlin.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII

INITIAL BOARD OF DIRECTORS

The Corporation shall have one (1) director(s) 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

Christopher Carlin

8450 Village Edge Circle #5 Fort Myers, FL 33919

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ARTICLE IX

INCORPORATORS

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

CHRISTOPHER CARLIN

8450 Village Edge Circle #5 Fort Myers, FL 33919

IN WITNESS WHEREOF, the undersigned subscribers have executed these articles of

incorporation this.

CHRISTOPHER CARLIN

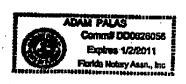
STATE OF FLORIDA

COUNTY OF PALM BEACH

Before me, a notary public authorized to take acknowledgments in the state and county set forth above, Christopher Carlin 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 4th day of September, 2008.

{SEAL}



Notary Public

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

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

FIRST- CJC INSURANCE SOLUTIONS, INC.
DESIRES TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA WITH ITS
PRINCIPLE PLACE OF BUSINESS AT THE CITY OF FORT MYERS, LEE COUNTY, STATE OF
FLORIDA, HAS NAMED CHRISTOPHER CARLIN, AT 8450 VIIlage Edge Circle #5, CITY OF FORT
MYERS, STATE OF FLORIDA AS ITS AGENT TO ACCEPT PROCESS WITHIN FLORIDA.

SIGNED			·
TITLE _	PRESIDENT		
DATE _	9/8/08		

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 DUTLES.

SIGNED_____

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SECULIANA OF STATE
AND ANASSEE, FLORIDA