7080000 90578

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000229060 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

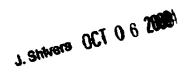
To: Division of Corporations Fax Number : (850) 617-6381 From: Account Name : CSH SERVICES, LLC Account Number : 120070000160 Phone : (800) 494-3124 Fax Number : (561) 455-9885 FLORIDA PROFIT/NON PROFIT CORPORATION

EQUALITY INSURANCE AND FINANCIAL SERVICES INCORPORATION

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$70.00 |

Electronic Filing Menu

Corporate Filing Menu



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:

EQUALITY INSURANCE AND FINANCIAL SERVICES INCORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1219 S 10TH STREET FORT PIERCE, FLORIDA 34950

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: 100 COMMON SHARES PAR VALUE \$1.00

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

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

DIRECTOR, PRESIDENT
MARIA GONZALEZ
1219 S 10TH STREET
FORT PIERCE, FLORIDA 34950

2008 OCT -3 AM II: 37

H-08000229060E

PAGE 2

EQUALITY INSURANCE AND FINANCIAL SERVICES INCORPORATION

ARTICLE VI REGISTERED AGENT

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

MARIA GONZALEZ 1219 S 10TH STREET FORT PIERCE, FLORIDA 34950

ARTICLE VII INCORPORATOR

The name and Florida street address of the Incorporator is:

MARIA GONZALEZ 1219 S 10TH STREET FORT PIERCE, FLORIDA 34950 DINB DCT -3 AM II: 37

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.

MARIA GONZALEZ / Registered Agent

10/3/08

MARIA GONZALEZ/Incomporator

Date