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

From:
Account Name : CSH SERVICES, LLC
Account Number : 120070000160
Phone : (800) 494-3124
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DIVISION OF CORPORATIONS

FLORIDA PROFIT/NON PROFIT CORPORATION

EQUALITY INSURANCE AND FINANCIAL SERVICES INCORPORATION

Certificate of Status	0
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TALLAHASSEE, FLORIDA

J. Shivers OCT 06 2008

14- 08000229060-3

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/mailling 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PAGE 2

EQUALITY INSURANCE AND FINANCIAL SERVICES INCORPORATION

ARTICLE VI REGISTERED AGENT

The name and Florida 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

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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
Date



MARIA GONZALEZ / Incorporator

10/3/08
Date