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9/23/2010

Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION
Palm Beach Insurance Associates, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Palm Beach Insurance Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Palm Beach Insurance Associates, Inc.

**721 US Highway 1, Suite 207-208
North Palm Beach, FL 33408**

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ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

200 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Michael Kotecki
721 US Highway 1, Suite 207-208
North Palm Beach, FL 33408**

**Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-885-3940**

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ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

**Michael Kotecki - Secretary/Director
117 Lehane Terrace #202
North Palm Beach, FL 33408**

ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**Michael Kotecki
117 Lehane Terrace #202
North Palm Beach, FL 33408**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

21st day of September 2010



Michael Kotecki - Signature

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **Palm Beach Insurance Associates, Inc.**

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

Michael Kotecki

Name

721 US Highway 1, Suite 207-208

(P.O. Box or Mail Drop Box NOT Acceptable)

North Palm Beach, FL 33408

(City / State / Zip)

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Having 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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.



Michael Kotecki
SIGNATURE

September 21, 2010

(Date)

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