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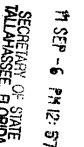
(Requestor's Name)		
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Da	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)



ARTICLE I The name of the	COTPORATION Shall be: SG White Uns	surance.	INC #1 (550 - 6 9410. 507
ARTICLE II	PRINCIPAL OFFICE		
	895 S. Hww 29	4350	Mailing addes Redifferendis: STATE HWY 90ALLAHASSEE. FLORIDA
	Contonment, Fi 32533	Pace,	FI 32571
ARTICLE III	PURPOSE		
The purpose for	which the corporation is organized is:		
6	Insurance Broker (age	int) un	any
	Insurance Broker (age Other business alla	ued by	State of Louida
	SHARES	_	
The number of sh	nares of stock is: 100		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	<u>RS</u>	Rasins m and Hauber - VP
Name and ' Address:	1350 Huai 90	Name and Title: Address:	bible young in
	4350 Hwg 90 Pack, F1 32571		Milton # 32570
		_	
Name and ' Address:	Title:	Name and Title Address:	
		_ '	
		_	
Name and ' Address:	Title:	_	
Addiess.		Address.	
		_	
ARTICLE VI	REGISTERED AGENT		
The <u>name and F</u> Name:	lorida street address (P.O. Box NOT acceptable) o	of the registered ager	nt is:
Address:	4350 HWY 90	 ,	
	PULK, 1-1 37531	_	
ARTICLE VII The name and ac	INCORPORATOR ddress of the Incorporator is: Stacky to White		
		_	
Address:	4350 HWY 90 Pace, Fl 32571	_	
Ha uta a hoon na	med as registered agent to accept service of proces	es for the above sta	ited cornoration at the place designated in
	am familiar with and accept the appointment as rej		
XHALDI	11 K. White		8-31-11
XXIIIII	Required Signature/Registered Agent		Date
I submit this doc	/ cument and affirm that the facts stated herein ar	e true. I am awaro	that the false information submitted in a
	Department of State constitutes a third degree felor		
SHALLOI	191-11/hite		8-3L11
MIMILIA	Required Signature/Incorporator	· · · · · · · · · · · · · · · · · · ·	Date