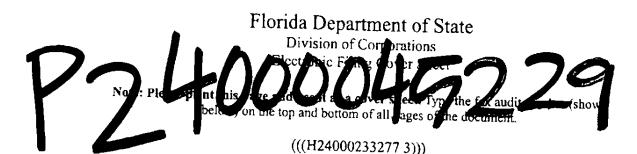
[T]



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

10:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_\_\_\_

## FLORIDA PROFIT/NON PROFIT CORPORATION EXCLUSIVE INSURANCE SERVICES INC

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

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE 1 NAMF:** The name of the corporation is:

Exclusive Insurance Services Inc
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
Pembroke Dires, Fl 33028
ARTICLE III SHARES: The number of shares of stock is:100
ARTICLEIV INITIAL DIRECTORS AND/OR OFFICERS: Christopher J Tabraue - President
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:  Christopher J Tabraue
2250 NW 136th Ave Stell4
Pembroke Pires, FC 33078
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Christopher TTabrane
2250 NW 136Th Ave StE 114
Pembroke Pines Fl 32008

## Required Signatures:

3052201440

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

Registered/Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Incolporator Date