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NEW FILINGS	AMENDMENTS		
Profit	Amendment		
NonProfit	Resignation of R.A., Offic	er/Director	
Limited Liability	Change of Registered Age	ent	
Domestication	Dissolution/Withdrawal		
Other	Merger		
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OTHER FILINGS	REGISTRATION/ QUALIFICATION	NANCY HENDRICKS	APR - 3
Annual Report	Foreign	MANCY HENDING	
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# ARTICLES OF INCORPORATION OF STORM MANAGEMENT, INC.

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THE UNDERSIGNED incorporator, for the purpose of forming a corporation for profit under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

#### ARTICLE I. NAME

The name of the Corporation shall be STORM MANAGEMENT, INC.

### ARTICLE II. PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be 1717 Apalachee Parkway, Suite 440, Tallahassee, Florida 32301.

#### ARTICLE III. CAPITAL STOCK

The number of shares of stock that this Corporation is authorized to have outstanding at any one time is 1,000 shares.

## ARTICLE IV. INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Stuart E. Goldberg, Esq., 305 South Gadsden Street, Tallahassee, Florida 32301.

#### ARTICLE V. INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

Keith Grimes 1717 Apalachee Parkway, Suite 440 Tallahassee, Florida 32301 The undersigned has executed these Articles of Incorporation this 3/5/ day of March, 1995.

Incorporator

STATE OF FLORIDA COUNTY OF LEON

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared KEITH GRIMES, personally known or who did produce as identification, the person described as the incorporator in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he subscribed the same.

WITNESS my hand and official seal in the County and State named above this 3/5/ day of March, 1995.

(Signature of Person Taking Acknowledgment)
(Print Notary Name/Commission Number/Expiration Date)

TONI M. SINGLETARY
MY COMMISSION # CC325358 EXPIRES
November 7, 1997
8010ED THRU TROY FAIL INSURANCE, INC

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE ACCEPTANCE OF APPOINTMENT

95 MMR 31 / 9 01

Pursuant to the provisions of 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the corporation is STORM MANAGEMENT, INC.
- 2. The name and address of the registered agent and office is Stuart E. Goldberg, Esq., 305 South Gadsden Street, Tallahassee, Florida 32301.

STORM MANAGEMENT, INC.

By: July

Date: \_ 3-3/-95

## ACCEPTANCE OF APPOINTMENT AS RESIDENT AGENT

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

Signature: Autological Resident Agent

Date: 3-24.95