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FAX AUDIT # H95000004790

April 28, 1995

4/28/95

FLORIDA DIVISION OF CORPORATIONS

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TO: DIVISION OF CORPORATIONS FROM: SEALS N' SIGNATURES

DEPARTMENT OF STATE 6822 N 22ND AVE

STATE OF FLORIDA

SUITE 277

409 EAST GAINES STREET

ST. PETERSBURG FL 33710-

TALLAHASSEE, FL 32399 CO

CONTACT: JOANNE SIRISKA

FAX: (904) 922-4000

PHONE: (813) 367-3459

(((H95000004790))) FAX: (813) 363-1422

DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR

NAME: CHARLES FEARNOW FAMILY INSURANCE INC.

FAX AUDIT NUMBER: H95000004790 CURRENT STATUS: REQUESTED

DATE REQUESTED: 04/28/1995

TIME REQUESTED: 12:53:45

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CERTIFICATE OF STATUS: 0

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

CHARLES FEARNOW FAMILY INSURANCE INC.

ARTICLE II PRINCIPAL OFFICE

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

Place of Business

7017 GIBSONTON DR. GIBSONTON FL. 33534

Mailing Address

P.O. BOX 1996

RIVERVIEW FL. 33569 ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOANNE SIRISKA/SEALS N SIGNATURES 6822 22ND AVE N SUITE 277 ST. PETERSBURG FL. 33710

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ARTICLE V INCORPORATOR (5)

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

CHARLES FEARNOW 7017 GISONTON DR GIBSONTON FL. 33579

GLORIA FEARNOW 7017 GIBSOPNTON DR GIBSONTON FL. 33579

James William French 8724 Beverly Dr Temple Terr FL 33617

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

| | 25 | day of | 19 <u>-9-5</u> |
|-------------|----|-----------|----------------|
| • | | Signature | |
| | | Signature | |
| <u> </u> | | Signature | |
| | | Signature | |

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CERTIFICATE OF DESIGNATION OF AX AUDIT # H95000004790

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN designated THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA

1. The name of the corporation is: CHARLES FEARNOW FAMILY INSURANCE INC.

| 2. T | The name and address of the registered agent and office is: | | |
|-------------|---|--|--|
| | JOANNE SIRISKA/SEALS N SIGNATURES | | |
| | (Name) | | |
| | 6822 22ND AVE N SUITE 277 | | |
| | (P.O. Box not acceptable) | | |
| | ST. PETERSBURG | | |
| | FL. | | |
| | 33710 | | |
| | (City/State/Zip) | | |

Having been names 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.

(Dignature) VI (S)

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