

Secretary of State Division of Corporations P. O. Box 6327 Tillahassee, FL 32314

-.03/25/96--01072--002 ++++122.50 ++++122.50

	Re:	Profession (name of cor	nalo Financial , Inc. poration)
Gentlemen:			•
Enclosed pleas amount of \$17	se find the origi 22,50.	nal and one copy of Artic	les of Incorporation, together with my theok lift be
This represent Registered Ap	is the cost of t ent Designation	he Filing Fees, Certified on for the above named	Copy of Articles of Incorporation and Fee fold corporation.
		Ver	ry truly yours,
		14)	Robin Gasparino
			(individual's name)
			Professionals Financial, Inc.
			(name of corporation)
		<u></u>	MAILING ADDRESS OF CORPORATION
			4503 Ashford Drive
			Winter Haven, FL. 33880
			PHONE (941) 299–2186 Area Code Number Ext.

CERTIFICATE OF INCORPORATION

Profounionals Financial, Inc.

THE UNDERSIGNED, being over the age of eighteen years, in order to form a corporation pursuant to the provisions of the Corporate Code, hereby certifies as follows:

FIRST IDENTIFICATION

The name of the corporation, hereinafter referred to as the "Corporation," is Professionals Financial, Inc.

SECOND PERIOD OF EXISTENCE

The period during which the corporation shall continue is perpetual.

THIRD REGISTERED GFFICE AND REGISTERED AGENT

33880

The address of the mitial registered office of the Corporation is 4503 Amhford Drive, Winter Haven, FL. and the name and address (if different) of the initial registered agent therein and in charge thereof, upon whom process against the Corporation may be served, is Robin Gasparino, 4503 Ashford Dr., Winter Haven, FL. 33880

FOURTH PURPOSE

The purpose of the Corporation is to engage in any or all lawful business for which corporations may be organized under the provisions of the General Corporation Law of Dehrenz Florida.

FIFTH SHARES

The total authorized capital stock of the Corporation is One Thousand (1000) Par Value of <u>One dollar per share.</u> All or any part of said shares may be issued by the Corporation from time to time and for such consideration as may be determined upon or fixed by the Board of Directors, as provided by law. Par Value of One dollar per share.

SIXTH INCORPORATOR'S ADDRESS

The name and post office address of the Incorporator of the Corporation is as follows: Robin Gasparino

4503 Ashford Drive Winter Haven, FL. 33880

SEVENTH DIRECTORS

The powers of the incorporator are to terminate upon the filing of this Certificate of Incorporation and the name(s) and mailing addresses of persons who are to serve as director(s) until the first meeting of stockholders or until their successors are elected and qualify are as follows:

Robin Gammarino, 4503 Amhford Drive, Winter Haven, FL. 33880

EIGHTH INDEMNITY

Directors of the corporation shall not be liable to either the corporation or its stockholders for monetary damages for a breach of fiduciary duties unless the breach is one which invokes: (1) a director's duty of loyalty to the corporation or its stockholders; (2) acts or omissions not in good faith or which involve intendonal misconduct or a knowing violation of law; (3) liability for unlawful payments of dividends or unlawful stock purchases or redemption by the corporation; or (4) a transaction from which the director derived an improper personal benefit.

The effective date of this Certificate of Incorporation shall	be March 22, 1996
IN WITNESS WHEREOF, the undersigned Incorporator h	as caused this Certificate of Incorporation to be executed as of
March 22, 1996	

Robin Gasparino

(A WELL & Garpagen)

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

Professionals Financial, Inc.

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position. I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(Rober & Gaspareno (registered agent)