JUH-06-96-184 CONT & RESERVOY 212-431-1441 OBLIC ACCESS S (1196000007940))] ELECTRONIC FILING COVER SHEET O: DIVISION OF CORPORATIONS FROM: BLUMBERG/EXCELSIOR **DRPORATE SERVICE** DEPARTMENT OF STATE 62 WHITE ST STATE OF FLORIDA 409 EAST GAINES STREET NEW YORK NY 10013-TALLAHASSEE, FL 32399 CONTACT: CATHY LEACH FAX: (904) 922-4000 PHONE: (212) 431-5000 FAX: (212) 431-1441 (((H96000007940))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A. NAME: SOUTHERN CONTINENTAL INSURANCE GROUP, INC. FAX AUDIT NUMBER: H96000007940 CURRENT STATUS: REQUESTED DATE REQUESTED: 06/06/1996 TIME ".EQUESTED: 11:17:41 CERTIFIED COPIES: 0 CERTIFICATE OF STATUS: 0 NUMBER OF PAGES: 2 METHOD OF DELIVERY: FAX ESTIMATED CHARGE: \$70.00 ACCOUNT NUMBER: 075350000353 Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document. (((H96000007940))) ** ENTER 'M' FOR MENU. ** ENTER SELECTION AND <CR>:

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ARTICLES OF INCORPORATION

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OF

SOUTHERN CONTINENTAL INSURANCE GROUP, I

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THE UNDERSIGNED sole incorporator, being a natural person competent to contract and desiring to form a corporation under Title XXXV, Chapter 607 of the revised Florida Statutes, herewith submits the following information:

- 1. The name of the corporation is SOUTHERN CONTINENTAL INSURANCE GROUP, INC.
 - The duration of the corporation shall be perpetual.
- 3. The general purpose or purposes for which this corporation is being formed are to include the transaction of any or all lawful business for which corporations may be incorporated under this chapter.
- 4. The aggregate number of shares which the corporation shall have authority to issue is 5,000 NO PAR VALUE shares, all without par value and of one class.
- 5. The principal address and mailing address of the corporation will be 748 BROADWAY, SUITE 201, DUNEDIN, FL 34698 and the name of its initial registered agent at such address is STANLEY M. MILLER, P.A..
- 6. The number of directors constituting the initial board of directors is ONE and the name and address of each person who is to serve us a member thereof is as follows:

GEORGE SWEZEY, 1201 SEMINOLE BLVE., #123, LARGO, FL 34620

7. The name and address of the sole incorporator is: CATHARINE LEACH, c/o XL CORPORATE SERVICES, INC., 62 WHITE STREET, 2ND FLOOR, NEW YORK, NY 10013.

IN WITNESS WHEREOF, the undersigned, as sole incorporator of this corporation has executed these Articles of Incorporation.

Dated: 06/05/96

H9600007940 BlumberExcelsion 62 White Street New York, EX 10013 212-431-5000

CATHARINE LEACH

Sole Incorporator

PAGE 183

ACCEPTANCE OF APPOINTMENT

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REGISTERED ACENT

1. the tenteralizated, do hereby accept applicament as Registered Agent of SOUTHERN CONTINENTAL INSURANCE GROUP, INC., the within named

Det: 4/4/96

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BECRETARY OF STATE

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