

JAN-21-97

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TO THIS PAGE ENTER 'MENU' AT ANY STAGE.

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FLORIDA DIVISION OF CORPORATION

PUBLIC ACCESS SYSTEM
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TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4001

FROM: AL CLARK

ACCT#: 072100000173

CONTACT: AL CLARK
PHONE: (813)535-4211

FAX #: (813)547-8745

NAME: LEADERSHIP INSURANCE SERVICES INC.

AUDIT NUMBER.....H97000001110

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..0

PAGES..... 3

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me 1/22/97

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 21 PM 3:55

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

LEADERSHIP INSURANCE SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

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

12600 S. BELCHER RD.
SUITE 101 E
LARGO FL. 33773

ARTICLE III SHARES

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

1000 SHARES
NO PAR

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PREPARED BY
Damon CARLSON
11029 64 TERRACE N.
SEMINOLE FL. 33772
813-393-9615

AC CLARK
12600 S. BELCHER RD
SUITE 104 E
LARGO FL. 33773

X Damon Carlson

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ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

DAMON CARLSON
11029 64 TERRACE N.
SEMINOLE FL. 33772

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

21 day of JANUARY, 19 97.

(An additional article must be added if an effective date is requested.)

X Damon Carlson
Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 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: LEADERSHIP INSURANCE
SERVICES INC.
2. The name and address of the registered agent and office is:

AL CLARK
(NAME)

12600 S. BELCHER RD SUITE 104E
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

LARGO FL 33273
(CITY/STATE/ZIP)

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.

AL Clark
(SIGNATURE)

1-21-97
(DATE)

FILED
JAN 21 PM 3:35
TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

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