P9700009001 TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

90002067689--7 -01/24/97--01051--017 *****70.00 ******70.00

SUBJECT:

BOHLING INSURANCE AGENCY, INC.

(Proposed Corporate Name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$ 70.00.

FROM:

KENNETH W. BOHLING 10406 LONGWOOD DR. LARGO, FL. 33777 (813) 319-8031

FILED STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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ARTICLES OF INCORPORATION OF

DIVISION OF CORPORATIONS

97 JAN 24 AM 11: 21

BOHLING INSURANCE AGENCY, INC.

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

ARTICLE I NAME

The name of the corporation shall be: BOHLING INSURANCE AGENCY, INC.

ARTICLE II PRINCIPAL OFFICE

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

10406 LONGWOOD DR. LARGO, FL 33777

ARTICLE III SHARES

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

100,000 SHARES AT .10 CENTS PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

KENNETH W. BOHLING 10406 LONGWOOD DR. LARGO, FL 33777

ARTICLE V INCORPORATOR(S)

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

KENNETH W. BOHLING 10406 LONGWOOD DR. LARGO, FL 33777

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 22nd day of January, 1997.

Kenneth W. Bohling, President

Date

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 JAN 24 AM 11: 24

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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:

BOHLING INSURANCE AGENCY, INC.

2. The name and address of the registered agent and office is:

KENNETH W. BOHLING 10406 LONGWOOD DR. LARGO, FL 33777

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

DATE 22