Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314 100002545671--5 -06/03/38--01035--005 ******70.00 ******70.00 5 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : **\$131.25**

\$70.00 Filing Fee

\$78.75 Filing Fee & Certificate

U\$122.50 Filing Fee & Certified Copy

Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

27736 ROBIN ROOST LN.

813 - 991 - 6504 Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

Articles of Incorporation

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

Article I Cornorate Name

The name of the corporation shall be:

Apex Insurance II, Inc.

Article II Principal Office

The principal place of business shall be:

26650 State Road 54 Lutz, FL 33549

The initial mailing address shall be:

27736 Robin Roost Lane Wesley Chapel, FL 33544

Article III Perpose

This corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

Article IV Capital Stock

The corporation is authorized to issue FIVE HUNDRED shares (500) of \$1.00 (one dollar) par value Common Stock, which shall be designated "Common Shares".

Article V Initial Registered Agent and Street Address

The name and address of the Initial Registered Agent is:

Gina M. Lockwood 27736 Robin Roost Lane Wesley Chapel, FL 33544 98 JUN -3 AM 10: 02
SECRETARY OF STAIL
TALLAHASSEE, FLORIDA

Article VI Incorporators

The names and addresses of the person signing these Articles of Incorporation is:

Gina M. Lockwood
27736 Robin Roost Lane
Wesley Chapel, FL 33544

Jana Jochwood
Gina M. Lockwood, Incorporator
Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place 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.

Gina M. Lockwood, Registered Agent

Date

SEURETARY OF STALLAHASSEE ET OBE