POOD /300

Department of State Division of Corporations 1000027 P. O. Box 6327 Tallahassee, FL 32314 GALL AGHER (Proposed corporate name - must include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$70.00 □ \$78.75 □ \$78.75 **≅** \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED THOMAS K FROM: 2069 LAKEVIEW TE FC
City, State & Zip (941) 255-0887

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

Daytime Telephone number

ARTICLES OF INCORPORATION

OF

GALLAGHER AGENCY, INC.

99 FEB 10 M ID: 00
SECRETARY OF STATE
TALLAHASSEE, FLORID

ARTICLE I NAME

The name of the corporation shall be:

Gallagher Agency, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2069 Lakeview Blvd Port Charlotte, Florida 33948

ARTICLE III CAPITAL STOCK

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

100 Shares, no par value

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Thomas K. Gallagher 2069 Lakeview Blvd Port Charlotte, Florida 33948

ARTICLE V INCORPORATORS

The name and street address of the incorporator to these Articles of Incorporation is :

Thomas K. Gallagher 2069 Lakeview Blvd Port Charlotte, Florida 33948

The undersigned has executed these Articles of Incorporation this 8th day of February, 1999.

Thomas K. Gallagher, Incorporator

CERTIFICATE OF DESIGNATION FEB 10 AM 10:00

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:

Gallagher Agency, Inc.

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

Thomas K. Gallagher 2069 Lakeview Blvd Port Charlotte, Florida 33948

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 REĞISTERED 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.

Thomas K. Gallagher, Registered Agent

Date: February 8, 1999