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417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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| Signature     | ·            |            |
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| Name          | Date         | Time       |
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| Art of Inc. File Cert          |                             |                |
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| LTD Partnership File           |                             |                |
| Foreign Corp. File             | er P<br>Provide L<br>Lateri | £ +            |
| L.C. File                      | SEC                         | <br>V          |
| Fictitious Name File           |                             |                |
| Trade/Service Mark             | ARY<br>CZY<br>CZY           | -              |
| Merger File                    | 250 E                       | ŧ <sup>-</sup> |
| Art. of Amend. File            | STA<br>)RAI                 | -              |
| RA Resignation                 | ਤੂਜੋ                        |                |
| Dissolution / Withdrawal       |                             |                |
| Annual Report / Reinstatement  |                             |                |
| Cert. Copy                     |                             | **             |
| Photo Copy                     |                             | *******        |
| Certificate of Good Standing   |                             |                |
| Certificate of Status          |                             |                |
| Certificate of Fictitious Name |                             |                |
| Corp Record Search             |                             |                |
| Officer Search                 |                             |                |
| Fictitious Search              |                             |                |
| Fictitious Owner Search        | _                           |                |
| Vehicle Search                 |                             |                |
| Driving Record                 | et 25                       |                |
| UCC 1 or 3 File                |                             | · .            |
| UCC 11 Search                  |                             |                |
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SECRETARY OF STATE
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# ARTICLES OF INCORPORATION ...

 $\mathbf{OF}$ 

# WRI EMPLOYERS INSURANCE, INC.

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

#### ARTICLE I: NAME

The name of the corporation is WRI EMPLOYERS INSURANCE, INC.

#### ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 4200 Wackenhut Drive, #100, Palm Beach Gardens, FL 33410-4243.

#### ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred thousand (100,000) shares having a par value of (\$.01) per share.

#### ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Timothy J. Howard c/o The Wackenhut Corporation, 4200 Wackenhut Drive, #100, Palm Beach Gardens, Florida 33410-4243.

## ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

### ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of each member of the initial Board of Directors of the corporation is

George R. Wackenhut

Richard R. Wackenhut

Robert C. Kneip

Terrance A. Mayotte

Sandra L. Nusbaum

4200 Wackenhut Drive, #100, Palm Beach Gardens, FL 33410-4243.

The undersigned has executed these Articles of Incorporation this 1st day of April 1999.

"Capital Connection, Inc. by Crystal Dugger, Office Manager"

# CERTIFICATE OF DESIGNATION SECRETARY OF STATE REGISTERED AGENT/REGISTERED OFFICE HVISION OF CORPORATIONS

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Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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:   |                    |
|----------------|---|--------------------|
| WRI E.         | MPLOYERS INSURANCE  | INC.               |
|                | nd street address of the register                           | •                  |
|                | c/o The Wackenhut Corporation<br>4200 Wackenhut Drive, #100 | , , <del>,,,</del> |
|                | Palm Beach Gardens, Florida 33410                           | )-4243 <u> </u>    |

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE THE ABOVE STATED CORPORATION AT THE PLACE PROCESS FOR 1 HEREBY ACCEPT THIS CERTIFICATE, IN DESIGNATED REGISTERED AGENT AND AGREE TO ACT IN THIS AS APPOINTMENT CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE FAMILIAR WITH AM AND I DUTIES, OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Timothy J. Howard