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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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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

OF

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BLAKEMORE BROKKRAGE INSURANCE SERVICES, INC.

THE UNDERSIGNED, in order to form a corporation under and pursuant to the provisions of the Law of Florida for the purposes set forth below, hereby subscribed to these Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be: BLAKEMORE BROKERAGE INSURANCE SERVICES, INC.

ARTICLE II - PURPOSE

The general purpose of the business and objects and purposes proposed to be transacted by the Corporation and the powers and privileges to be exercised by it shall include all powers that are given to bodies corporate under the Statutes of the State of Florida, as the same may exist and may be amended from time to time.

ARTICLE III - CAPITAL STOCK

The aggregate number of shares of stock that this corporation is authorized to issue at any time is 100 shares, all of which shall be common shares with \$1.00 par value.

Each shareholder of the Corporation shall be entitled to full pre-emptive rights to acquire his proportionate part of any unissued or treasury shares of the Corporation, or securities of the Corporation convertible into or carrying a right to subscribe to or acquire such shares, which may be issued at any time by the Corporation.

ARTICLE IV - DURATION

The term of existence of the Corporation is perpetual.

ARTICLE V - PRINCIPAL OFFICE

The principal office of this Corporation shall be located at:

1620 S. W. 149 Avenue Pembroke Pines, FL 33027

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This Corporation shall have two Directors initially. The number of Directors may be increased or decreased from time to time by the By-Laws, but shall never be less than two (2). The name and address of the first Board of Directors, who shall, subject to these Articles of Incorporation, By-Laws, and the laws of Florida, hold office for the first year of the Corporation's existence, or until their successors shall have been elected and qualified, are as follows:

EDWIN N. BLAKEMORE 1620 S. W. 149 Avenue Pembroke Pines, FL 33027

LYNN BLAKEMORE 1620 S. W. 149 Avenue Pembroke Pines, FL 33027

ARTICLE VII - REGISTERED AGENT

The registered agent and the registered office for this Corporation are:

EDWIN N. BLAKEMORE 1620 S. W. 149 Avenue Pembroke Pines, FL 33027

ARTICLE VIII - INCORPORATOR

The names and addresses of the persons signing these Articles of Incorporation are:

EDWIN N. BLAKEMORE 1620 S. W. 149 Avenue Pembroke Pines, FL 33027

LYNN BLAKEMORE 1620 S. W. 149 Avenue Pembroke Pines, FL 33027

ARTICLE IX - AMENDMENT

This Corporation reserves the right to amend or repeal any provisions

contained in these Articles of Incorporation or any amendment thereto, and any right conferred upon the Shareholders is subject to this reservation.

ARTICLE X - INDEMNIFICATION

The Corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

ARTICLE XI - MEETING BY CONFERENCE TELEPHONE

The members of the Board of Directors may participate in special meetings of the Board of Directors by means of conference telephone, but regular meetings of the Board of Directors must be attended, in fact, in person by each Director.

ARTICLE XII - ACKNOWLEDGMENT AND CONSENT OF REGISTERED AGENT

Having been made initial Registered Agent to accept service of process of the Corporation at the initial registered office designated in these Articles of Incorporation, I hereby accept such status and consent to act in this capacity and agree to comply with all the requirements of the law pertaining thereto.

Edwin N. BLAKEMORE, Registered Agent

IN WITNESS WHEREOF, the undersigned subscribers have executed these Articles of Incorporation on $_$ March 20 $_$, 1999.

EDWIN N. BLAKEMORE

Edwin N Blakenin

LYNN/BLAKEMORE

STATE OF FLORIDA COUNTY OF BROWARD

ON THIS DAY, personally appeared before me, EDWIN N. BLAKEMORE and LYNN BLAKEMORE, to me well known and known to me to be the persons described in the foregoing instrument or who have produced have produced have as identification and who did take an oath and acknowledged to and before me that the same was executed freely and voluntarily for the purposes therein expressed.

WITNESS my hand and official seal in the County and State last aforesaid this 30 day of 0

NOTARY PUBLIC, State of Florida
Print Name: Kim J Geiger

My Commission Expires:

Kim J. Geiger
MY COMMISSION # CC563474 EXPIRES
June 20, 2000
BONDED THRU TROY FAIN INSURANCE, INC.

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