P9900105416

TRANSMITTAL LETTER

70003060057--4 -12/03/53--01057--001 *****70.00 *****70.00

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

SUBJECT: INCORPORATION REPUEST

I enclose an original and $\underline{1}$ Copy(ies) of the Articles of Incorporation for the above corporation and a check in the amount of $\underline{5}$ $\underline{70.00}$.

From:

CARIOS BARBOZA

Name 9915 THREE LAKES CIRCLE

Address BOCA RATON, FL 33428

City 561-482-3124 State Zip

Telephone Number

ARTICLES OF INCORPORATION

UNIFIED INSURANCE GROUP, INC

ARTICLE I NAME

The name of the corporation shall be:

UNIFIED INSURANCE GROUP, INC

ARTICLE II PRINCIPAL OFFICE

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

9915 THREE LAKES CLECKE

Address BOCA RATON, FL 33428

City SG1-482-3124 State Zip

Telephone Number

ARTICLE III CAPITAL STOCK

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

100 (ONE HUNDRED)

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

| (| CARlos | BARK | BOZA | |
|--------|------------|---------|-------|--------|
| Name | 9915 | THREE | LAKES | CIRCLE |
| Addres | is BOCA | RATON | , FL | 33428 |
| | | 82-3/24 | | Zip |
| | one Number | | | |

ARTICLE V INCORPORATOR

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

| Name 9915 THREE LAKES CIRCLE Address BOCA RATON, FL 3342 City S61-482-3124 State Zip | Address BOCA RATON, FL 3345 | (| CARIO. | S BAR | 450ZM | ., |
|--|-----------------------------|--------|--------|--------|-------|-------|
| Ctota 7in | City 561-482-3124 State Zip | Name | 9915 | THREE | LAKES | Cleck |
| City 561-482-3124 State Zip | 561-482-3124 | Addres | S BOCA | RATON | J, FL | 334) |
| | Telephone Number | City | 561-4 | 82-312 | State | Zip |

The undersigned has executed these Articles of Incorporation this 30 day of NOVEMBER, 1999.

CARLOS BARBOZA, Incorporator

CERTIFICATE OF DESIGNATION

1. The name of the corporation is:

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 the designating the registered office/registered agent, in the State of Florida.

| UNIFIED INSURANCE GROUP, INC |
|--|
| 2. The name and address of the registered agent and office is: |
| CARLOS BARBOZA |
| Name 9915 THREE LAKES CIRCLE |
| Address BOCA RATON, FL 33428 FC. State Zip State Zip |
| City 56/- 482-3124 State Zip |
| Telephone Number |
| Signature: |
| Title: PRESIDENT (|
| Date: |
| |

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICES 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 STATUES RELATING TO THE PROPER AND COMPLETE PERFORMANCE ON MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

| Signature: | |
|-----------------|---|
| Data: 1/- 30-99 | 9 |