



BLACKS LAW OFFICE

Joseph C. Black, Esq.
1948-1991
Peter D. Black, Esq. *
Since 1983

2121-A Corporate Square Blvd.
Suite 145
Jacksonville, FL 32216
Tel: 904/725-8504
Fax: 904/725-0421

999000109549

December 14, 1999

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

700003072347--5
-12/16/99--01027--019
*****78.75 *****78.75

RE: CK Insurance & Associates, Inc.

Dear Sir or Madam:

Enclosed you will find my check in the amount of \$78.75 for the filing fee,
designation of registered agent and certified copy of articles of incorporation for the
above-referenced matter.

Thank you for your attention and courtesies in this matter.

Sincerely,

Peter D. Black
Peter D. Black

PDB/erl
Enclosures

FILED
99 DEC 16 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF

C. K. INSURANCE & ASSOCIATES, INC.

FILED
99 DEC 16 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, acting as incorporator of a corporation under the Florida General Corporation Act, adopt the following articles of incorporation for such corporation:

1. The name of the corporation is C. K. INSURANCE & ASSOCIATES, INC.
2. The period of its duration is perpetual.
3. The purpose is to engage in any activities or business permitted under the laws of the United States and Florida.
4. The corporation shall have authority to issue 10,000 shares of common stock, all of one class, with a par value of One Dollar (\$1.00).
5. The name of its initial registered agent and the address of its initial registered office is:

CHRISTIAN L. KORNEGAY- Agent
3852 Autumn Leaf Court
Jacksonville, Florida 32246
6. The number of Directors constituting its initial board of directors is one, whose name and address is:

CHRISTIAN L. KORNEGAY
3852 Autumn Leaf Court
Jacksonville, Florida 32246
7. The Corporation's initial office and mailing address is
3852 Autumn Leaf Court, Jacksonville, Florida 32246.



CHRISTIAN L. KORNEGAY - Incorporator

Dated: 12/14/99

STATE OF FLORIDA
COUNTY OF DUVAL

Before me the undersigned authority, personally appeared CHRISTIAN L. KORNEGAY, who produced a valid Florida driver's license; and is therefore known to me to be the person described in and who subscribed the foregoing articles of incorporation of C. K. INSURANCE & ASSOCIATES, INC., and he did acknowledge before me that he freely and voluntarily made and subscribed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal, at Jacksonville, Duval County, Florida this 14th day of December, 1999.


NOTARY PUBLIC - STATE OF FLORIDA
My Commission Expires:



FILED
99 DEC 16 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTANCE

I certify that I am a permanent resident of Duval County, Florida with offices at 3852 Autumn Leaf Court, Jacksonville, Florida 32246. I hereby accept the designation as Resident Agent of C. K. INSURANCE & ASSOCIATES, INC..

Christian L. Kornegay
CHRISTIAN L. KORNEGAY - Incorporator

Dated: 12/14/99

STATE OF FLORIDA
COUNTY OF DUVAL

Before me the undersigned authority, personally appeared CHRISTIAN L. KORNEGAY, who produced a valid Florida driver's license; and is therefore known to me to be the person described in and who subscribed the foregoing articles of incorporation of C. K. INSURANCE & ASSOCIATES, INC., and he did acknowledge before me that he freely and voluntarily made and subscribed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal, at Jacksonville, Duval County, Florida this 14th day of December, 1999.

Elizabeth Ramos Lopez
NOTARY PUBLIC - STATE OF FLORIDA

My Commission Expires:

