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Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : F20000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

FLORIDA PROFIT CORPORATION OR P.A.

S A INSURANCE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

QB 7/23 ✓



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 22, 2002

YOUR CAPITAL CONNECTION INC.

SUBJECT: S A INSURANCE, INC.
REF: W02000021116

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Division of Corporations - P.O. BOX 6327 Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Prefix)

ARTICLE I NAME

The name of the corporation shall be:

S A AGENCY, INC.**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

**655 SOUTH MAIN STREET
BELLE GLADE, FL 33430****ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

INSURANCE AGENCY**ARTICLE IV SHARES**The number of shares of stock is: **100****ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

**BRIAN T. LARIVIERE - PRES./DIRECTOR
ALBERT W. SPRAGUE - TRES.SEC./DIRECTOR****ARTICLE VI REGISTERED AGENT**

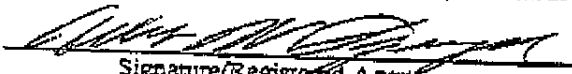
The name and Florida street address of the registered agent is:

**ALBERT W. SPRAGUE
222 BEVERLY ROAD
WEST PALM BEACH, FL 33405****ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

**ALBERT W. SPRAGUE
222 BEVERLY ROAD
WEST PALM BEACH, FL 33405**

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Signature/Registered Agent7-19-02

Date


Signature/Incorporator7-19-02

Date

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