

# State of Florida



## Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation, as amended to date, of CLIFF BERRY, INC., a corporation organized under the laws of the State of Florida, as shown by the records of this office.

The document number of this corporation is P93000081921.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capitol, this the  
Twenty-eighth day of May, 2002



CR2EO22 (1-99)

*Katherine Harris*

Katherine Harris  
Secretary of State

JUL - 9-96 MON 11:31

# State of Florida

Department of State



I, Richard (Dick) Stone, Secretary of State of the State of Florida,  
Do Hereby Certify That the following is a true and correct  
copy of

Certificate of Incorporation

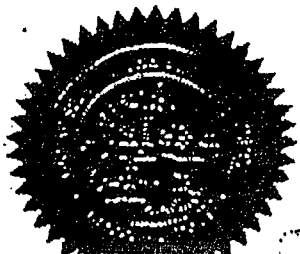
of

CLIFF BERRY, INC.

a corporation organized and existing under the Laws of the State of Florida,  
filed on the 1st day of April A.D., 1971 as shown by the records  
of this office.

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Given under my hand and the Great Seal of the  
State of Florida, at Tallahassee, the Capital,  
this the 1st day of April,  
A.D. 1971.



*Richard (Dick) Stone*

Secretary of State

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
10/21/02

PRODUCER

SEITLIN

954-938-8788

6700 N ANDREWS AVENUE #300  
FT LAUDERDALE, FL 33309

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## COMPANIES AFFORDING COVERAGE

COMPANY A GREENWICH INSURANCE(ECS)

COMPANY B XL SPECIALITY INS COMPANY

COMPANY C

COMPANY D

INSURED

Cliff Berry, Inc.  
P.O. Box 13079  
Ft. Lauderdale FL 33316

## COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	GEC000638802	12/31/01	12/31/02	GENERAL AGGREGATE \$ 2000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 2000000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1000000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1000000
	<input checked="" type="checkbox"/> BR FM PD				FIRE DAMAGE (Any one fire) \$ 100000
	<input checked="" type="checkbox"/> XCU/C.LIAB				MED EXP (Any one person) \$ 5000
A	AUTOMOBILE LIABILITY	AEC000638902	12/31/01	12/31/02	COMBINED SINGLE LIMIT \$ 1000000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	<input checked="" type="checkbox"/> MCS-90				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
					AGGREGATE \$
A	EXCESS LIABILITY	UEC000639302	12/31/01	12/31/02	EACH OCCURRENCE \$ 4000000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE \$ 4000000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WEC0012728	10/01/02	10/01/03	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT \$ 1000000
					EL DISEASE - POLICY LIMIT \$ 1000000
					EL DISEASE - EA EMPLOYEE \$ 1000000
A	OTHER	PEC000639002	12/31/01	12/31/02	2 MIL EACH/AGGREGATE INCLUDES SUDDEN & NON-SUDDEN UPSET
	POLLUTION AND PROFESSIONAL LIABILITY				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS FOR PROOF OF INSURANCE ONLY.

## CERTIFICATE HOLDER

CLIFF BERRY, INC  
ATTN:PATTI FREDERICK  
PO BOX 13079  
FT LADUERDALE, FL 33316

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*[Signature]*