P07000093183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

1/4

TRANSMITTAL LETTER

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

SUBJECT: Corporate Insurance Solutions WI, Inc.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	**$50.00**
Articles of Incorporation and Certified Copy	**$78.75**
Total to domesticate and file	**$128.75**

OPTIONAL:

Certificate of Status	**$ 8.75**

FROM: Renee Johnson
Name (printed or typed)

12567 Eagles Nest Drive
Address

Bokeelia, FL 33922
City, State & Zip

239-283-3040
Daytime Telephone Number

CERTIFICATE OF DOMESTICATION

The undersigned, Reneé Johnson (Name), President (Title),

of Corporate Insurance Solutions WI, Inc. (Corporation Name) a foreign corporation,

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was June 1, 1998.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was the State of Wisconsin.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Corporate Insurance Solutions, Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Corporate Insurance Solutions WI, Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was 12567 Eagles Nest Dr., Bokeelia FL 33922
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President, of Corporate Insurance Solutions WI Inc. and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 16th day of August, 2007.

Reneé John
(Authorized Signature)

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TALLAHASSEE, FLORIDA

Filing Fee:

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INHS53 (6/04)

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Corporate Insurance Solutions WI, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

12567 Eagles Nest Drive
Bokeelia, FL 33922

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Insurance Agency

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 9000 Authorized
1000 Issued

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Reneé Johnson, President
12567 Eagles Nest Dr.
Bokeelia, FL 33922

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

*THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:*

Reneé Johnson
12567 Eagles Nest Dr.
Bokeelia FL 33922

ARTICLE VII INCORPORATOR

*THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:*

Reneé Johnson
12567 Eagles Nest Drive
Bokeelia FL 33922

****

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

Reneé Johnson — 08-16-07
Signature/Registered Agent — Date

Reneé Johnson — 08-16-07
Signature/Incorporator — Date