

P96000006730

Date 01-17-96

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

FILED  
JAN 18 1996  
TALLAHASSEE, FL

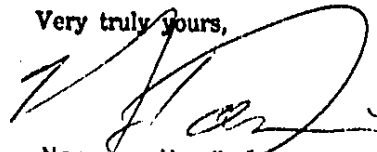
Re Dolph Insurance Agency, Inc.  
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$70.00.

This represents the cost of the Filing Fees, ~~Certified~~ Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,



Norman H. Dolin

(individual's name)

900001692159

-01/18/96--01083--002

Dolph Insurance Agency, Inc.

(name of corporation)

\*\*\*70.00 \*\*\*70.00

MAILING ADDRESS OF CORPORATION

Dolph Insurance Agency, Inc.
1420A S.E. 47th Street
Cape Coral, FL 33904
PHONE
( 941 ) 549-7282
Area Code      Number      Ext.

SAB  
1/23/96

ARTICLES OF INCORPORATION

Dolph Insurance Agency, Inc.  
(name of corporation)

FILED

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

96 JAN 18 11 02  
STATE OF FLORIDA  
TALLAHASSEE

ARTICLE I - CORPORATE NAME

The name of the corporation is:

Dolph Insurance Agency, Inc.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue fifteen hundred shares (1,500) of One Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the Initial Registered Agent of this Corporation is:

NAME	Norman H. Dolin		
ADDRESS	1420A S.E. 47th Street		
CITY	Cape Coral,	FLORIDA	ZIP 33904

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have three (3) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	Ralph P. Perriello, Jr.		
ADDRESS	220 Woodshire Lane		
CITY	Naples,	STATE FL	ZIP 33942
NAME	Norman H. Dolin		
ADDRESS	1420A S.E. 47th Street		
CITY	Cape Coral	STATE FL	ZIP 33904
NAME	Michelle C. Dolin		
ADDRESS	1420A S.E. 47th Street		
CITY	Cape Coral,	STATE FL	ZIP 33904

**ARTICLE VI INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Ralph P. Porriello, Jr.  
220 Woodshire Lane  
Naples, FL 33942

Norman H. Dolin  
2538 S.W. 27th Place  
Cape Coral, FL 33914

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 17 day of January, 1996

Signature(s) of Incorporator(s)

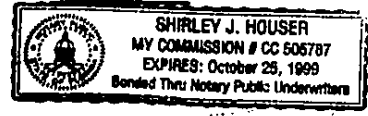
*[Handwritten Signature]*  
Ralph P. Porriello, Jr.  
\_\_\_\_\_

STATE OF Florida  
COUNTY OF Lee

THE FOREGOING instrument was acknowledged and sworn to before me this 17 day of January, 1996, by Ralph P. Porriello, Jr. & Norman H. Dolin (Name of Incorporator) of Ralph Insurance Agency, Inc (Name of Corporation)

Identification Provided Known Personally  
(She did/did not take an oath)  
Notary Public  
*[Handwritten Signature]*

My Commission Expires: SHIRLEY J. HOUSER



(SEAL)  
ARTICLES OF INCORPORATION FILING FEE: \$20 35

**CERTIFICATE DESIGNATING  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: \_\_\_\_\_  
DOLPHI INSURANCE AGENCY, INC.

2. The name and address of the registered agent and office is: Norman H. Dolin  
1420 A S.E. 47th Street  
\_\_\_\_\_  
(P. O. BOX NOT ACCEPTABLE)  
Cape Coral, FLORIDA 33904  
(CITY/STATE/ZIP)

SIGNATURE *Norman H. Dolin*  
(Corporate Officer)

TITLE President

DATE 01/17/96

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE *[Signature]*  
(Registered Agent)

DATE 01/17/96

REGISTERED AGENT FILING FEE: ~~\$20.00~~ 35-

FILED  
96 JAN 18 AM 9:02  
FLORIDA STATE  
COMMISSIONER OF INSURANCE