# TRANSMITTAL LETTER 19700039759

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

Tallahassee, FL 32	314						
SUBJECT:		surance Resource te name - must include suff					
Enclosed is an origin	nal and one(1) copy of the articles		00021282429 -03/31/9701052003 ****127.50				
Eliciosed is all origi		of incorporation and a	cneck for:				
S70.00 Filing Fee	S78.75 Filing Fee & Certificate	Silvential	& Certificate				
FROM:	Maria Reed						
Name (Printed or typed)							
	144 Woodridge Trail						
Address							
	Sanford, FL 32771						
City, State & Zip							
	407- 230-	4743					

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

# ARTICLES OF INCORPORATION

97 HAQ 31 11/10 11

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

Commercial Insurance Resources, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

144 Woodridge Trail Sanford, FL 32771

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: FIVE Hundred (500) Shares

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Maria Reed 144 Woodridge Trail Sanford, FL 32771

# ARTICLE V INCORPORATOR(S)

# See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Maria Reed 144 Woodridge Trail, Sanford, FL 32771 President

Chuck Reed 144 Woodridge Trail, Sanford, FL 32771 Secretary/Treasurer

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

26th day of \_\_\_\_\_\_\_, 19 97

(An additional article must be added if an effective date is requested.)

Signature

Signature

Signature

# Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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	Commercial	Insurance	Resources,	Inc.
2.	The name and address of the registered	d agent and office is:			
	Maria R	Maria Reed			
	(NAME)		<del></del>	· · ·	
	144 Woo	dridge Trail			- "
(P. O. Box or N		r Mail Drop Box NOT	ACCEPTABLE)	<del></del>	
	Sanford	l, FL 32771			
		(CITY/STATE/ZIP)		<del></del>	

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 hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Clyaria C. Vuel 3/26/97
(SIGNATURE) 3/26/97