DIVISION OF CORPORATIONS

97 AUG -4 AM 9: 40

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

SUBJECT: I	NSURANCE MANAGEMENT (Proposed co	CORPORATION opporate name - must includ	e suffix)	
	· •)- -		
		3	500002256 -08/04/97(*****78.75	
Enclosed is an original and one(1) copy of the articles of incorporation and a check for :				
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	S122.50 Filing Fee & Certified Copy ADDITIONAL CO	\$131.25 Filing Fee, Certified Copy & Certificate PPY REQUIRED	
FROM:	Mitchell J. Grudi	n rinted or typed)		
	820 SE 47th Stree	t PO Box 478 Address		
		3910 State & Zip		

941-542-3737

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

Daytime Telephone number



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

ARTICLE I NAME

The name of the corporation shall be:

INSURANCE MANAGEMENT CORPORATION

ARTICLE II PRINCIPAL OFFICE

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

Physical: 820 SE 47th Street Cape Coral Fl 33904

Mailing: PO مل 478

Cape Coral Fl 33910

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Mitchell J. Grudin Same as above

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Mitchell J. Grudin,	820 SE 47th St. PO Box 478, Cape Coral Fl 339	10
Signature/Incorporator		19/97
(An additional article	must be added if an effective date is requested.)	

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

Signature/Registered Agent 7/29/97
Date