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October 30, 1998

98 NOV 23 AM 10:58  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: Ezzi Insurance, Inc.

Gentlemen:

Please find enclosed two Articles of Incorporation and two Certificates of Designation of Registered Agent/Registered Office of the above-named corporation.

Also, please find enclosed my check in the amount of \$122.50 in payment of filing fee and certified copy.

I am enclosing a stamped, self-addressed envelope for your convenience in returning the certified copy to me.

Very truly yours,

David C. Holloman

DCH/kmh

Enclosures: As stated

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-11/23/98--01124--019  
\*\*\*\*122.50 \*\*\*\*\*78.75

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF  
EZZI INSURANCE, INC.

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

ARTICLE I - NAME

The name of this corporation is EZZI INSURANCE, INC.

ARTICLE II - ADDRESS

The address of the principal office of this corporation is 3280 54B Tamiami Trail, Port Charlotte, Florida 33952, and the mailing address of the corporation is 3280 54B Tamiami Trail, Port Charlotte, Florida 33952.

ARTICLE III - PURPOSE FOR WHICH CORPORATION IS ORGANIZED

This corporation is organized for the purpose of conducting an insurance business, and for the purpose of transacting any and all lawful business for which corporations may be incorporated under Section 607 of the Florida Statutes.

ARTICLE IV - CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to issue at any time is:

100 shares of common stock having a nominal par value of \$5.00 per share.

ARTICLE V - ADDRESS

The street address of the initial registered office of the corporation is 3280 54B Tamiami Trail, Port Charlotte, Florida

33952. The name of the corporation's initial registered agent at this address is Dominic Ezzi, who has signed these Articles of Incorporation. A statement accepting the appointment pursuant to Section 607.0502 is filed herewith.

ARTICLE VI - DIRECTOR


This corporation shall have one director 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. The name and address of the initial director of this corporation is:

<u>NAME</u>	<u>ADDRESS</u>
Dominic Ezzi	3280 54B Tamiami Trail Port Charlotte, Florida 33952

ARTICLE VII - INCORPORATOR

The name and street address of the incorporator of this corporation is:

<u>NAME</u>	<u>ADDRESS</u>
Dominic Ezzi	3280 54B Tamiami Trail Port Charlotte, Florida 33952

  
\_\_\_\_\_  
DOMINIC EZZI

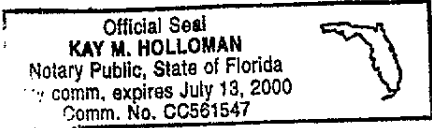
STATE OF FLORIDA,  
COUNTY OF DESOTO.

BEFORE ME, the undersigned authority, personally appeared DOMINIC EZZI, to me known to be the person described in and who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the State and County  
last aforesaid, this 20<sup>th</sup> day of November, 1998.

Kay M. Holloman

Personally known  OR Produced identification   
Type of identification produced \_\_\_\_\_



**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.*

**FILED**  
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TALLAHASSEE, FLORIDA

1. The name of the corporation is: Ezzi Insurance, Inc.

2. The name and address of the registered agent and office is:

Dominic Ezzi  
(Name)

3280 54B Tamiami Trail  
(P.O. Box **NDI** acceptable)

Port Charlotte, Florida 33952  
(City/State/Zip)

*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 

DATE 11-20-98

**REGISTERED AGENT FILING FEE: \$35.00**