

P00000038872

TRANSMITTAL LETTER

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

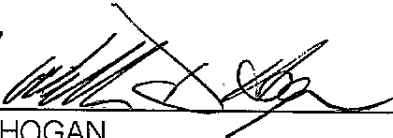
SUBJECT: BILL HOGAN INSURANCE, INC.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for \$122.50.

FROM: WILLIAM HOGAN  
3977 CATTLEMEN ROAD  
SARASOTA, FLORIDA 34233  
TELEPHONE: 941-378-5535

400003205764--4  
-04/12/00--01060--003  
\*\*\*\*122.50 \*\*\*\*\*78.75

Sincerely,



WILLIAM HOGAN

FILED  
00 APR 12 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch  
APR 18 2000

## ARTICLES OF INCORPORATION

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

### ARTICLE I - NAME

The name of the corporation shall be:

**BILL HOGAN INSURANCE, INC.**

### ARTICLE II - PRINCIPAL OFFICE

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

3977 CATTLEMEN ROAD  
SARASOTA, FLORIDA 34233

### ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000 AT \$1.00 PAR VALUE

### ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

WILLIAM HOGAN  
3977 CATTLEMEN ROAD  
SARASOTA, FLORIDA 34233

### ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

WILLIAM HOGAN  
3977 CATTLEMEN ROAD  
SARASOTA, FLORIDA 34233

The undersigned incorporator has executed these Articles of Incorporation this

27th day of April 2000

Signature: 

WILLIAM HOGAN

Prepared by:

WILLIAM HOGAN  
3977 CATTLEMEN ROAD  
SARASOTA, FLORIDA 34233  
941-378-5535

FILED  
00 APR 12 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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:

**BILL HOGAN INSURANCE, INC.**

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

WILLIAM HOGAN  
3977 CATTLEMEN ROAD  
SARASOTA, FLORIDA 34233

00 APR 12 PM 3:28  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: \_\_\_\_\_

WILLIAM HOGAN

Date: \_\_\_\_\_

April 8, 2000