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To:

Division of Corporations

Fax 1 imber : (850)205-0381

From:

Account Name : HODGSON RUSS LLP Accot it Number : 072720000242 : (561)394-0500  $Phon\epsilon$ 

rax : mber : {561}394-3862

### FLORIDA NON-PROFIT CORPORATION

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### COMPLIANT POLICY IMPLEMENTORS, LLC

1713 S.W. 12th Court Fort Lauderdale, FL 33312

January 22, 2004

DEPARTMENT OF STATE State of Florida Division of Corp nations 409 E. Gaines St cet Tallahassee, FL 2399

Dear Sir/Madam:

### R: COMPLIANT POLICY IMPLEMENTORS, INC.

The undersigned, being the Authorized Representative of COMPLIANT POLICY IMPLEMENTOLS, LLC, a Florida limited liability company, duly organized under the laws of the State of Flori ia (the "Company"), hereby grants permission to the use of the corporate name and approves the filing of the Articles of Incorporation for COMPLIANT POLICY IMPLEMENTOLS, INC. The undersigned understands that the Florida Department of State requires this approval due to the similarity of the names.

COMPLIANT POLICY IMPLEMENTORS, LLC

Name: Christopher M. Trapani
Title: Authorized Representative

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### ARTICLES OF INCORPORATION

OF

### COMPLIANT POLICY IMPLEMENTORS, INC.



I, the ur tersigned Incorporator to these Articles of Incorporation, a natural person competent to contract, do hereby execute these Articles of Incorporation for the purpose of forming a corpor tion not-for-profit under the laws of the State of Florida.

### ARTICLE I NAME

The name of this Corporation is COMPLIANT POLICY IMPLEMENTORS, INC.

### ARTICLE 2 PURPOSE

This corporation is organized exclusively for charitable, benevolent and educational purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code or corresponding section of any fut are federal tax code.

## ARTICLE 3 REGISTERED AGENT/REGISTERED OFFICE

The street address of the initial registered office of this Corporation is 1801 N. Military Trail, Suite 200, 3oca Raton, Florida 33431, and the name of the initial registered agent of this Corporation at the taddress is HRAWG CORP.

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## ARTICLE 4 PRINCIPAL OFFICE/MAILING ADDRESS

The address of the principal office of this Corporation and the mailing address shall be 1713 S.W. 12<sup>th</sup> (ourt, Fort Lauderdale, Florida 33312.

## ARTICLE 5 INCORPORATOR

The nam and address of the Incorporator is Christopher M. Trapani, c/o Hodgson Russ LLP, 1801 N. M litary Trail, Suite 200, Boca Raton, Florida 33431.

# ARTICLE 6 DIRECTORS

The initial directors shall be appointed by the incorporator. Thereafter, the manner of election of the directors shall be as stated in the By-Laws.

SUBSCR BED to this 22nd day of January, 2004.

Christopher M. Trapani, Incorporator

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#### CERTIFICATE OF

#### DESIGNATION OF REGISTERED AGENT

#### FOR

### COMPLIANT POLICY IMPLEMENTORS, INC.

Pursuant o Section 617.0501, Florida Statutes, the following is submitted:

COMPLI ANT POLICY IMPLEMENTORS, INC., desiring to organize under the laws of the State of Flor da, with its registered office as indicated in the Articles of Incorporation, has named HRAWG CORP., located at 1801 N. Military Trail, Suite 200, City of Boca Raton, County of Palm leach, State of Florida, as its registered agent for service of process within this State.

### ACKNOWLEDGEMENT:

Having b en 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 rovisions of all statutes relative to the proper and complete performance of my duties and I accept the duties and obligations as set forth in Section 617.0501, Florida Statutes.

HRAWG CORP.

Title: President

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