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

SUBJECT:	Proposed corpo	rate name - must include	<u>T_FTaRidA,T</u> :suffix)	-NC,	
			40000311 -01/31/00- *****78.5		
Enclosed is an origin	al and one(1) copy of the article	es of incorporation ar	nd a check for:		
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate Status	of	
		ADDITIONAL (COPY REQUIRED	PH 3: 32	
FROM:	Clark Ass Name (Pr	inted or typed)	J00	GAV	·=
	P.O. Box 341 Address		AUTHORIZATION BY PHONE TO CORRECT COCP - COMP		
			DOC, EXAM	<i>*</i>	
	Sickle Rville, City, S	NJ- os as		, <u>, , , , , , , , , , , , , , , , , , </u>	-
	<u> </u>				e.
	Please send attr	epy to	above as mckee	ldress)	

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

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ARTICLES OF INCORPORATION

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:

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Excel Insurance Service of Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1271 Ember Court

Marco Island, Fl 34143

ARTICLE III SHARES

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

100 No Par

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Joseph Malloy

1271 Ember Court

Marco Island F1. 34143

ARTICLE V INCORPORATOR

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

Michael McGee

336 Balsam Rd.

Williamstown, NJ 08094

Signature/Incorporator

(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

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