

P00000033515

TRANSMITTAL LETTER

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

500003188705--7
-03/29/00--01056--002
****122.50 *****78.75

SUBJECT: HLOHINEC INSURANCE SERVICES, INC.

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

FROM: JOHN HLOHINEC
4523 KIPLING CIRCLE
SARASOTA, FLORIDA 34241
TELEPHONE: 941-927-2525

FILED
00 MAR 29 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sincerely,



JOHN HLOHINEC

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:

HLOHINEC INSURANCE SERVICES, INC.

ARTICLE II - PRINCIPAL OFFICE

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

4523 KIPLING CIRCLE
SARASOTA, FLORIDA 34241

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:

JOHN HLOHINEC
4523 KIPLING CIRCLE
SARASOTA, FLORIDA 34241

ARTICLE V - INCORPORATOR

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

JOHN HLOHINEC
4523 KIPLING CIRCLE
SARASOTA, FLORIDA 34241

The undersigned incorporator has executed these Articles of Incorporation this

24th day of MARCH 19 2000

Signature: _____

JOHN HLOHINEC

Prepared by:

JOHN HLOHINEC

4523 KIPLING CIRCLE

SARASOTA, FLORIDA 34241

941-927-2525

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAR 29 PM 12:59

FILED

**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:

HLOHINEC INSURANCE SERVICES, INC.

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

JOHN HLOHINEC
4523 KIPLING CIRCLE
SARASOTA, FLORIDA 34241

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: John Hlohinec
JOHN HLOHINEC

Date: 3/24/2000

FILED
00 MAR 29 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA