

P. O. Box 6327 Tallahassee, FL 32314

> 1000 *****87.50

INSURANCE Force, Inc. SUBJECT: (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status

□ \$78.75 **X** \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

FRED Morrill FROM: Name (Printed or typed)

> SE LAKESIde 18710 IAV Address

EQUESTA 33464 ۲ City, State & Zip

(561) 144-0338 Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

<u>ARTICLE I NAME</u> The name of the corporation shall be:

Insurance Force, INC.

ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:

1001 N. U.S. HWY. ONE, SUITE SOY

JUPITER, FL 33477

<u>ARTICLE III PURPOSE</u> The purpose for which the corporation is organized is:

To operate An internet

MSURANCE PORTAL.

<u>ARTICLE IV</u> SHARES The number of shares of stock is:

1,000 SHARES

<u>ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)</u> The name(s) and address(es):

ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:

Fred Morrill 18710 SE LAKESIDE WAY

TEQUESTA, FL 33469

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Fred Morrill 18710 SE LAKESIZE WAY

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar, with and accept the appointment as registered agent and agree to act in this capacity

FMC
Signature/Registered Agent
(Fugel)
Signature/Incorporator

OO APR 12 PH D2 43

Date

<u>4-10-00</u>