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TRANSMITTAL LETTER

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 600003344086--2 -08/02/00--01067--021 \*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT:	GUL CORPORA		urance, Inc.	
	(I NOT GOOD CONT ONE)	XB NAME - <u>MOST INCID</u>	ESE SCITIA)	
Enclosed is an origina	al and one(1) copy of the article	es of incorporation and a	check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$3.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Albert Doria JR Name (Printed or typed)				
6134 Polly Ave. Address				
	Naples,	FL 34112 State & Zip		
(941) 774-7413  Daytime Telephone number				

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

PH8/8/00/

ARTICLES OF INCORPORATION	
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED
ARTICLE I NAME The name of the corporation shall be:  Gulf Coast Insurance, I	OD AUG -2 AM 10: 35  - NC, SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:  5737 Washington St.  Naples, Fc 34109	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	, <u>.</u>
ARTICLE IV SHARES The number of shares of stock is: 500	ended and the second of the se
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): Albert Doria, IR. (fres	ident)
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:	and the second of the second o
Albert Dorn TR. 6134 Polly Av.	
ARTICLE VII INCORPORATOR Naples, FL 34112	
The <u>name and address</u> of the Incorporator is:  Albert Dovia, IR.  6134 Polly Ave.	- · · · · · · · · · · · · · · · · · · ·
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certificate, I am familiar with and accept the appointment as registered agent and agree to	rporation at the place designated in this act in this act in this capacity
Signature/Registered Agent	7-31-60 Date
Signature/Incorporator	7-31-00 Date