

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PO0000081635

Mawyer Insurance Group, Inc.

400003375874--5  
-08/29/00--01022--021  
\*\*\*\*\*78.75 --- 78.75

✓ Art of Inc. File Cost  
LTD Partnership File \_\_\_\_\_  
Foreign Corp. File \_\_\_\_\_  
L.C. File \_\_\_\_\_  
Fictitious Name File \_\_\_\_\_  
Trade/Service Mark \_\_\_\_\_  
Merger File \_\_\_\_\_  
Art. of Amend. File \_\_\_\_\_  
RA Resignation \_\_\_\_\_  
Dissolution / Withdrawal \_\_\_\_\_  
Annual Report / Reinstatement \_\_\_\_\_  
✓ Cert. Copy \_\_\_\_\_  
Photo Copy \_\_\_\_\_  
Certificate of Good Standing \_\_\_\_\_  
Certificate of Status \_\_\_\_\_  
Certificate of Fictitious Name \_\_\_\_\_  
Corp Record Search \_\_\_\_\_  
Officer Search \_\_\_\_\_  
Fictitious Search \_\_\_\_\_  
Fictitious Owner Search \_\_\_\_\_  
Vehicle Search \_\_\_\_\_  
Driving Record \_\_\_\_\_  
UCC 1 or 3 File \_\_\_\_\_  
UCC 11 Search \_\_\_\_\_  
UCC 11 Retrieval \_\_\_\_\_  
Courier \_\_\_\_\_

00 AUG 29 PM 12:40  
00 AUG 29 AM 10:30

FILED  
RECEIVED  
T. SMITH AUG 29 2000

Signature \_\_\_\_\_

Requested by: SK

Name \_\_\_\_\_

Date 8/29/00

Time 9:35

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

**ARTICLES OF INCORPORATION**  
**OF**  
**MAWYER INSURANCE GROUP, INC.**

*The undersigned incorporators hereby certify to the following in order to form a corporation for a profit under the laws of the State of Florida.*

**ARTICLE I - NAME**

*The name of this corporation is MAWYER INSURANCE GROUP, INC.*

**ARTICLE II - DURATION**

*This corporation shall have perpetual existence.*

**ARTICLE III - PURPOSE**

*The general purposes for which the Corporation is organized are the following:*

*A. To engage in and transact any lawful business for which corporations may be incorporated under the Florida General Corporation Act. No other purpose limits this general purpose in any way.*

*B. To do such other things as are incidental to the purposes of the Corporation or necessary or desirable in order to accomplish them.*

**ARTICLE IV - PRINCIPAL OFFICE**

*The principal office of this corporation is 5301 Johnson Avenue, Haines City, Florida 33844 and the corporate mailing address is Post Office Box 2007, Haines City, Florida 33845-2007.*

**ARTICLE V - CAPITAL STOCK**

*This corporation is authorized to issue 100 shares of One Dollar (\$1.00) par value common stock, which shall be designated "common shares".*

FILED  
00 AUG 29 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI - INITIAL REGISTERED OFFICE & AGENT**

*The street address of the initial registered office of this corporation is 5301 Johnson Avenue, Haines City, Florida 33844, and the name of the initial registered agent at that address is GARY W. MAWYER.*

**ARTICLE VII - BOARD OF DIRECTORS**

*This corporation shall have two (2) directors initially. The number of Directors may be increased or decreased from time to time in accordance with the by-laws but shall never be less than one. The individuals constituting the original Board shall be:*

*GARY W. MAWYER*

*5301 Johnson Avenue  
Haines City, Florida 33844*

*KIMBERLEE O. MAWYER*

*5301 Johnson Avenue  
Haines City, Florida 33844*

**ARTICLE VIII - INCORPORATORS**

*GARY W. MAWYER, whose address is 5301 Johnson Avenue, Haines City, Florida 33844, is the person signing these Articles of Incorporation.*

**ARTICLE IX - BY-LAWS**

*The power to adopt, amend or repeal by-laws shall be vested in the Board of Directors and the shareholders.*

**ARTICLE X - NON-RESTRICTION OF CONTRACT**

*No contract or other transaction of the corporation with any person, firm or other corporation, in the absence of fraud or wrongdoing shall be effected or invalidated by the fact that any director of this corporation is party to or interested in such contract or other transaction or in any way connected with such person, firm or corporation, and each and*

*every person who may become a director of this corporation is hereby relieved from any liability that might otherwise exist from his contracting with this corporation for the benefit of himself or any other firm, person or corporation in which he may be in any way interested.*

**ARTICLE XI - RESTRICTIONS ON TRANSFER OF STOCK**

*Shares of capital stock of this corporation shall be issued initially to the following persons in the amounts opposite their names:*

|                            |                  |
|----------------------------|------------------|
| <i>GARY W. MAWYER</i>      | <i>50 shares</i> |
| <i>KIMBERLEE O. MAWYER</i> | <i>50 shares</i> |

*Shares held by the initial stockholders listed above, and all subsequent shareholders, may not be resold or otherwise transferred to other persons unless such shares are first offered to the remaining shareholders or to this corporation. The price and terms at which, and the time within which, such shares may be offered and sold shall be further specified by written agreement among all of the shareholders of this corporation.*

**ARTICLE XII - AMENDMENT**

*The Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation or any amendment to them, and any right conferred upon the Shareholders is subject to this reservation.*

  
GARY W. MAWYER

STATE OF FLORIDA

COUNTY OF POLK

***I HEREBY CERTIFY*** that on this day, before me a Notary Public duly authorized in

the state and county named above to take acknowledgments, personally appeared **GARY W. MAWYER**, known to me to be the incorporator of **MAWYER INSURANCE GROUP, INC.**, in and who executed the foregoing Articles of Incorporation and who acknowledged before me that he subscribed to these Articles of Incorporation.

WITNESS my hand and official seal in the county and state named above, this 28th day of August, 2000.

(NOTARY SEAL) Patricia S. Owen  
MY COMMISSION # CC846770 EXPIRES  
August 18, 2003  
BONDED THRU TROY FARM INSURANCE, INC.

Patricia S. Owen

Patricia S. Owen

Notary Public State of Florida

Commission No.: CC846770

Commission Expires: August 18, 2003

**CERTIFICATE DESIGNATING PLACE OF BUSINESS  
OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE,  
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

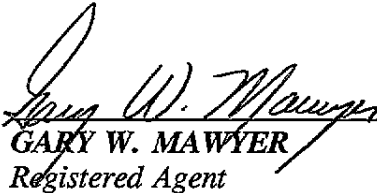
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*In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said act:*

*First -- that MAWYER INSURANCE GROUP, INC., desiring to organize under the laws of the State of Florida, has named GARY W. MAWYER, of 5301 Johnson Avenue, Haines City, Florida 33844 as its agent to accept service of process within this state.*

**ACKNOWLEDGMENT**

*Having been named to accept service of process for the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.*

  
GARY W. MAWYER  
Registered Agent

00 AUG 29 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA