## POOOD 114822

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

**400003495464--0**-12/11/00--01127--020
\*\*\*\*\*78,75 \*\*\*\*\*78.75

SUBJECT: CONCORD COMMERCIAL INSURANCE AGENCY, (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) INC.					
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 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED		
FROM: ROBERT H. WIL SON Name (Printed or typed)					
10050 BURNT STORE ROAD  Address  TONTA GORDA, FL 33950					
MNTA GORDA, FL 33950 City, State & Zip					

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

Daytime Telephone number

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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME  The name of the corporation shall be:  CONCORD COMMERCIAL INSURANCE	CE Agency, Inc.
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  10050 BURNT STORE ROAD, PUNTA	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:  OMMERCIAL INSURANCE	TALLAHAS!
ARTICLE IV SHARES The number of shares of stock is:	PH 2: 33 SEE FLORIE
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es):  TOBERT A. WILSON, PUNTA GOLDA PAMELA B. WILSON, PUNTA GOLDA PAMELA B. WILSON, PUNTA GOLDA	4 (PASIDENT) (VICE PASS / TREAS)
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:  ROBERT H. WILSON 25/20 HARBORSIDE BLVD  RORDA, FL 3395/	
The name and address of the Incorporator is:  **NOBERT H. WILSON' 23/20 HARBORSIDE, BLVD.  POWTA GORDA, FL 33951	
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Signatura/Registered Agent  Solies Audisor	Date
Slanature/Idebroorator	LIME.