01 HAY -2 AM 9: 59

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

SECRETARI DI STATE TALLAHASSEE, FLORIDA

SAFETY NET INSURANCE CORP.

(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

४ \$78.75

Filing Fee

& Certificate of Status

\$78.75

■ \$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy & Certificate of

Status

ADDITIONAL COPY REQUIRED

11720 US 19 N.

PORT RICHEY FL 34668
City. State & Zin

727-847-4718

Davtime 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)	FILED.
ARTICLE I NAME The name of the corporation shall be: SAFETY NET INSURANCE CORP.	O1 MAY -2 AM 9: 59 SECRETABLE OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 11720 US 18 N. PORT RICHEY PL 34668	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: [NSUMACE Sholves	
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es): ALAN PETZULD 805+ WAS HINGTON ST PONT RICHEY RE 34666	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: ALAA PETZOLO	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
ALAN PETZOLD 8054 HASHINGTON ST. PORT RICHEY R 34668 ***********************************	*********
Having been named as registered agent to accept service of process for the above stated co- certificate of an familiar with and accept the appointment as registered agent and agree to	rporation at the place designated in this
Signathre Registered Agent	May 0/2001
Man	May 1, 2001
Signature/Incorporator	Date