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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0381

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

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DIVISION OF CORPORATIONS
01 JUL 27 PM 4:05

FLORIDA PROFIT CORPORATION OR P.A.**INSURANCE PROFESSIONALS OF CENTRAL****FLORIDA INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

INSURANCE PROFESSIONALS OF CENTRAL FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

141 MAJESTIC FOREST RUN
SANFORD, FL 32771

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

6000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

HANS REVELTS JR
141 MAJESTIC FOREST RUN
SANFORD, FL 32771

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ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

HANS REVELTS JR-PRESIDENT
141 MAJESTIC FOREST RUN
SANFORD, FL 32771

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

24th day of JULY, 2001

Hans Revelts Jr.
Signature

Signature

Signature

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

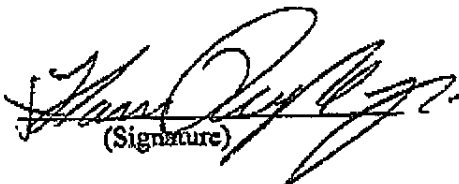
1. The name of the corporation is: INSURANCE PROFESSIONALS OF CENTRAL FLORIDA, INC.
2. The name and address of the registered agent and office is:

HANS REVELTS JR
(Name)

141 MAJESTIC FOREST RUN
(P.O. Box not acceptable)

SANFORD, FL 32771
(City, State, Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designed in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Signature)

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