

Charter Number Only

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City

State

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ALL INFORMATION ONLY

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CORPORATION(S) NAME

Insurance Senior Services, Inc.

RECEIVED
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DIVISION OF CORPORATION

☒ Profit
☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name	
Availability	
Document	
Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

CR2E031 (R8-85)

cert copy

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Empire Toll Free: 1-800-432-3028

ARTICLES OF INCORPORATION

of

INSURANCE SENIOR SERVICES, INC.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

INSURANCE SENIOR SERVICES, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue one hundred 100 shares (100) of two Dollar(s) (\$ 2.00) par value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	<u>TONY N HOYEK</u>		
ADDRESS	<u>2685 NW 99th AVE.</u>		
CITY	<u>CORAL SPRINGS</u>	FLORIDA <u>FL</u>	ZIP <u>33065</u>

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>INSURANCE SENIOR SERVICES, INC.</u>		
ADDRESS	<u>P.O. Box 670031</u>		
CITY	<u>CORAL SPRINGS</u>	FLORIDA <u>FL</u>	ZIP <u>33067</u>

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<u>Tony N Hoyer</u>		
ADDRESS	<u>P.O. Box 670031</u>		
CITY	<u>CORAL SPRINGS</u>	STATE	<u>FL</u> ZIP <u>33067</u>
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	<u>Tony N Hoyer</u>		
ADDRESS	<u>P.O. Box 670031</u>		
CITY	<u>CORAL SPRINGS</u>	STATE	<u>FL</u> ZIP <u>33067</u>
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 27th day of December, 2001.

Tony N Hoyer (Seal)
 _____ (Seal)
 _____ (Seal)

CERTIFICATE AND KNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

INSURANCE SENIOR SERVICES, INC.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 2685 NW 99th Ave
CORAL Springs, FL 33067

has named Tony N Hoyer
located at the aforesaid address, as its Registered Agent to accept service of process within
this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated
corporation at the place designated in this certificate, and being familiar with the obliga-
tions of that position, I hereby accept to act in this capacity, and agree to comply with the
provisions of Florida Law in keeping open said office.

Tony N Hoyer
(registered agent)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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