

# TRANSMITTAL LETTER

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**ARTICLES OF INCORPORATION**  
**OF**

**INSURANCE CONNECTION AGENCY, INC.**

**FILED**

2002 JAN 14 PM 1:23

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I – NAME**

The name of the corporation shall be: Insurance Connection Agency, Inc.

**ARTICLE II – PLACE OF BUSINESS**

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

418 Colorado Avenue  
Stuart, Florida 34997

**ARTICLE III – PURPOSE**

The purpose of this corporation is to engage in the business of Property  
and casualty insurance agency

The foregoing purposes and activities will be interpreted as examples only and not as limitations and nothing therein shall be deemed as prohibiting the corporation from extending its activities to any related or otherwise permissible lawful business purposes which may become necessary, profitable or desirable for the furtherance of the corporate objectives expressed above.

**ARTICLE IV – SHARES**

The number of the shares this corporation shall have is:

1,000 shares common stock

**ARTICLE V – INITIAL BOARD OF DIRECTORS**

The initial Board of Directors shall consist of two members. The number may be increased or decreased from time to time by vote of the stockholders but, in no case shall the number of Directors be less than one. The names and addresses of the Directors constituting the initial Board of Directors are:

Timothy W. Wilson  
2920 SE Falmouth Drive  
Stuart, Florida 34997

Marjorie A. Wilson  
2920 SE Falmouth Drive  
Stuart, Florida 34997

**ARTICLE VI – INITIAL OFFICERS**

**NAME**

**ADDRESS**

Timothy W. Wilson  
President and Treasurer

2920 SE Falmouth Drive  
Stuart, Florida 34997

Marjorie A. Wilson  
Vice President & Secretary

2920 SE Falmouth Drive  
Stuart, Florida 34997

**ARTICLE VII – REGISTERED AGENT**

The name and street address of the initial registered agent is:

**NAME**

**ADDRESS**

Timothy W. Wilson

2920 SE Falmouth Drive  
Stuart, Florida 34997

**ARTICLE VIII – INCORPORATOR**

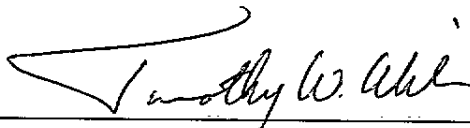
The name and street address of the person signing these Article of the Incorporation is:

**NAME**

**ADDRESS**

Timothy W. Wilson

2920 SE Falmouth Drive  
Stuart, Florida 34997



Incorporator: Timothy W. Wilson

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT AND 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, hereby submits the following:

The name of the corporation is: Insurance Connection Agency, Inc.

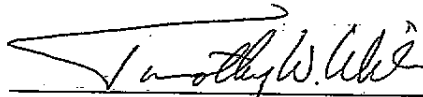
The name and address of the registered agent and office is:

Timothy W. Wilson  
2920 SE Falmouth Drive  
Stuart, Florida 34997

Having been named to accept service of process for Insurance Connection Agency, Inc. at the place designated above and in the Articles of Incorporation, Timothy W. Wilson agrees to act in this capacity, and agrees to comply with the provisions of all statutes relating to the proper and complete performance of duties, and is familiar with and accepts the obligations of the position of registered agent.

Date

1/9/2002



Signature: Timothy W. Wilson

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