

TRANSMITTAL LETTER

PD20000069017

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

300005909813--4  
-06/21/02--01069--024  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: Insurance Service Providers, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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  
☒ \$87.50 Filing Fee, Certified Copy & Certificate of Status  
ADDITIONAL COPY REQUIRED

FROM: Richard Ferraro  
Name (Printed or typed)

13014 N Dale Mabry Hwy  
Address

Tampa, Florida 33618  
City, State & Zip

813-931-9401  
Daytime Telephone number

FILED  
02 JUN 21 AM 8:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Bm 6/24

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation should be:

Insurance Service Providers, Inc.

The principal place of business/mailing address is:

13014 N. Dale Mabry Hwy. #225  
Tampa, Florida 33618

The purpose for which the corporation is organized is organized are to engage in any activity or business not in conflict with the laws of the State of Florida or of the United States of America. The period of existence of the corporation shall be perpetual.

The number of shares of stock that the corporation is authorized to have outstanding at any one time is: 500 shares.

The name(s), address(es), and title(s):

Richard Ferraro  
5332 Nutcracker Cir.  
Land O Lakes, Florida 34639

PRESIDENT:


**The name and Florida street address of the registered agent is:**

Richard Ferraro  
13014 N. Dale Mabry Hwy. #225  
Tampa, Florida 33618

**The name and address** of the Incorporator is:

Richard Ferraro  
5332 Nutcracker Cir.  
Land O Lakes, Florida 34639

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
Signature/Registered Agent

6-17-02  
Date

  
Signature/Incorporator

6-17-02  
Date

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