CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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SECRETART OF STATE TALLAHASSEE, FLORIDA

True South Insurance Consultants, Inc.

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	LTD Partnership File		_	-		
	Foreign Corp. File					
	L.C. File					
	Fictitious Name File					
	Trade/Service Mark					
	Merger File					
	Art. of Amend. File					
	RA Resignation					
	Dissolution / Withdrawal					
	Annual Report / Reinstatement_				-	
	Cert. Copy					
	Photo Copy					
	Certificate of Good Standing			-		
	Certificate of Status			-		
	Certificate of Fictitious Name_			_		
	Corp Record Search					
	Officer Search	-				
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Requested by:	6/25/02	9:40
Name	Date	Time
Walk-In	Will Pick Up	

ARTICLES OF INCORPORATION

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME The name of the corporation shall be: TRUE South Insurance Consultants, Inc.	
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 923 S.W. 602 Street, Midmi, Placed, 33173	
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 Shares Common II, 20 PAR VALUE	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are:	
MARGO ALVARREZ-13020 S.W. 103 ED TECRACE	
ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are: BERNARD A. CHAIMONICZ - 298W. TRADE AVE, MIAMI, FL 331	<u>`</u>
Signature/Incorporator Date	

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated 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/Registered Ageut

Date