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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 : J.H. ACCOUNTING SERVICES, INC.  
Account Number : 119990000041  
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Fax Number : (941)925-4874

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2002 AUG 26 AM 8:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.**  
**CYPRESS COVE INSURANCE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
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ARTICLES OF INCORPORATION  
OF  
CYPRESS COVE INSURANCE, INC.

The undersigned natural person(s), of the age of 21 or more, acting to form a corporation under the Chapter 607 of the Florida Corporate Code do hereby certify the following:

FIRST: The name of the corporation shall be Cypress Cove Insurance, Inc.

SECOND: The address of the initial registered office of the corporation is 5777 Beneva Road South, Sarasota, Florida 34233, County of Sarasota. The name of the registered agent located at said address is Daniel L. Prewett.

THIRD: The principal address of the corporation is 6995 Essex Dr., Fort Myers, Florida 33919.

FOURTH: The purpose for which this corporation is organized shall be to engage in the business of insurance sales. The corporation may engage in any other transaction or business permitted under the laws of the United States and of this State.

FIFTH: The total authorized stock of this corporation is divided into 1000 shares of no par value.

SIXTH: The number of directors constituting the initial board of directors is one, and the name(s) and address(es) who will serve as directors until the first annual meeting of shareholders or until their successors are as follows:

Clifford D. Wilson, 6995 Essex Dr., Fort Myers, Florida 33919

SEVENTH: The duration of the corporation is perpetual.

EIGHTH: The name(s) and address(es) of the person who is to act as incorporator(s) are as follows:

Daniel L. Prewett, 5777 Beneva Road South, Sarasota FL 34233

We(I), the undersigned, being all the incorporators of the corporation identified above, declare that we have examined the foregoing this 26<sup>th</sup> day of August, 2002.



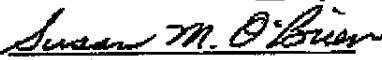
State of Florida

County of Sarasota

THE FOREGOING instrument was acknowledged and sworn to before me this 26<sup>th</sup> day of August, 2002, by Daniel L. Prewett.




Susan M. O'Brien  
My Commission CC943553  
Expires June 28 2004

  
Notary Public

## STATE OF FLORIDA DEPARTMENT OF STATE

The following is submitted, in compliance with Chapter 48.091, Florida Statutes:

I agree as Resident Agent to accept Service of Process; to keep an office open during prescribed hours, to post my name (and any other officers of said corporation authorized to accept service of process at the above Florida designated address) in some conspicuous place in the office as required by Law.

  
Daniel L. Prewett, Registered Agent

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