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(Requestor's Name)

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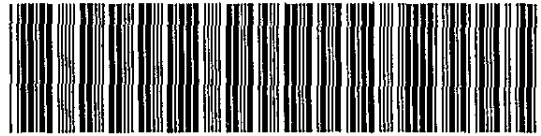
(Business Entity Name)

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04 DEC -6 PM 2:53  
CLERK OF COURT  
ALBUQUERQUE - NEW MEXICO

V.P.  
12/8/04

Date: 12/03/2004

Secretary of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Insurance Personnel Services Inc.

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75.

This represents the cost of Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

Karen Root

Insurance Personnel Services Inc  
3218 Crescent Oaks Blvd  
Tarpon Springs, FL 36488  
(727) 967-8929

**ARTICLES OF INCORPORATION**  
**Of**  
**INSURANCE PERSONNEL SERVICES INC**

**FILED**

**04 DEC -6 PM 2:53**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

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 PERSONNEL 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 insurance adjusting and services permitted under the laws of the United States and the State of Florida.

**ARTICLE IV - CAPITAL STOCK**

The corporation is authorized to issue one thousand shares (1,000) of one Dollar(s) (\$1.00) par value Common Stock, which shall be designated "Common Shares."

**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT**

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

NAME: Insurance Personnel Services Inc		
ADDRESS: 3218 Crescent Oaks Blvd		
CITY: Tarpon Springs,	FLORIDA	ZIP: 34688

The name and street address of the Initial Registered Agent of this Corporation is:

NAME: Karen M Root		
ADDRESS: 3218 Crescent Oaks Blvd		
CITY: Tarpon Springs,	FLORIDA	ZIP: 34688

**ARTICLE VI - INITIAL BOARD OF DIRECTORS**

This corporation shall have one (1) director(s) 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: Karen M Root		
ADDRESS: 3218 Crescent Oaks Blvd		
CITY: Tarpon Springs,	FLORIDA	ZIP: 34688
NAME:		
ADDRESS:		
CITY:	FLORIDA	ZIP:

# ARTICLE VII - INCORPORATORS

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

NAME: Karen M Root		
ADDRESS: 3218 Crescent Oaks Blvd		
CITY: Tarpon Springs,	FLORIDA	ZIP: 34688
NAME:		
ADDRESS:		
CITY:	FLORIDA	ZIP:

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 3rd day of December, 2004.

\_\_\_\_\_(Seal)  
 \_\_\_\_\_(Seal)  
 \_\_\_\_\_(Seal)

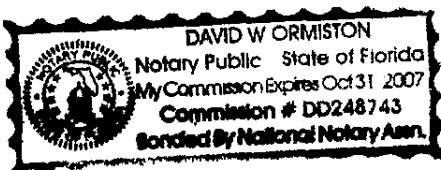
State of Florida )  
 ) SS  
 County of Pinellas )

before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared:

<u>Karen m. Root</u> Signature	<u>FL 04 R300-513-SB-730-0</u> Form of Identification
_____ Signature	_____ Form of Identification
_____ Signature	_____ Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that SHE executed these Articles of Incorporation, that I relied upon the form of identification of the above named person as indicated opposite each name, and that an oath (was) (was not) taken.

Witness my hand and official seal in the County and State last aforesaid this 3<sup>rd</sup> day of DECEMBER 2004



[Signature]  
 Notary Signature  
DAVID W. ORMISTON  
 Printed Notary Signature

**CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT**

**FILED**

**04 DEC -6 PM 2:53**

*CERTIFICATE OF REGISTERED AGENT OF*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**INSURANCE PERSONNEL SERVICES INC**

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 **3218 Crescent Oaks  
Blvd, Tarpon Springs, FL 34688** has named **Karen Root** 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  
obligations 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.

x Karen m. Root  
(Registered agent)