

POS000070838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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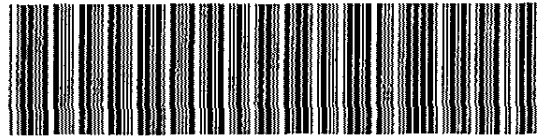
(Business Entity Name)

(Document Number)

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04/29/05--01035--004 \*\*78.75

APPROVED  
AND  
FILED  
05 MAY 13 AM 8:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CB 5-16

## TRANSMITTAL LETTER

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

**SUBJECT:** Insurance Source Group, 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:** Scott Bodie  
Name (Printed or typed)

504 Wymore Road  
Address

Winter Park, FL 32789  
City, State & Zip

407-740-5592  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 4, 2005

SCOTT BODIE  
504 WYMORE RD  
WINTER PK, FL 32789

SUBJECT: INSURANCE RESOURCE GROUP, INC.  
Ref. Number: W05000022679

We have received your document for INSURANCE RESOURCE GROUP, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Cynthia Blalock  
Document Specialist  
New Filings Section

Letter Number: 905A00031900

## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

Insurance Source Group, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

504 Wymore Road, Winter Park, FL 32789

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Insurance Brokerage

### ARTICLE IV SHARES

The number of shares of stock is:

10000

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Robert Cairns - Director of Marketing  
1006 White Springs Lane, Winter Springs, FL 32708  
Scott Bodie - Director of Finance  
1033 Lake Bell Drive, Winter Park, FL 32789  
Rebecca Lewis - V.P. of Operations

### ARTICLE VI REGISTERED AGENT

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


Scott Bodie  
1033 Lake Bell Drive  
Winter Park, FL 32789

### ARTICLE VII INCORPORATOR

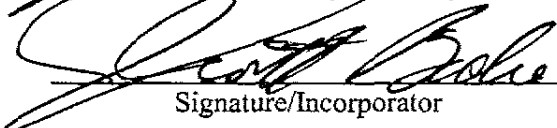
The name and address of the Incorporator is:

Scott Bodie  
504 Wymore Road  
Winter Park, FL 32789

\*\*\*\*\*  
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

5/10/05  
Date

  
Signature/Incorporator

5/10/05  
Date

APPROVED  
AND  
FILED

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TALLAHASSEE, FLORIDA