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FILED  
06 JUN -2 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6/5/06

**COVER LETTER**

**FILED**

06 JUN -2 PM 3:55

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT: Pro-Net Insurance Corp.**

**(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: Peter F. Raele**

Name (Printed or typed)

**247 McClain Dr.**

Address

**West Melbourne, Fl. 32904**

City, State & Zip

**321-412-4353**

Daytime Telephone number

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

# 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:

Pro-Net Insurance Corp.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

247 McClain Dr.  
West Melbourne, Fl. 32904

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Independent Insurance Agent

## ARTICLE IV SHARES

The number of shares of stock is:

2100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

President  
Peter F. Raele  
247 McClain Dr.  
West Melbourne, Fl. 32904

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Peter F. Raele  
247 McClain Dr.  
West Melbourne, Fl. 32904

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Peter F. Raele  
247 McClain Dr.  
West Melbourne, Fl. 32904

\*\*\*\*\*


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

  
\_\_\_\_\_  
Signature/Incorporator

Peter F. RAELE

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date