P00007112

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				

 ${\mathbb C}^d$

Office Use Only



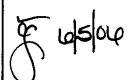
700075659907

06/01/06-1800 ******78.75

06/02/06--01032--014 **78.75

FILED

16 JUN -2 PM 3: 5:
SECRETARY OF STATE



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 CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	i a check for:
\$70.00	 √ \$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
•	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
	•	ľ	Status
)	ADDITIONAL CO	PY REQUIRED
	•		
FROM: P	eter F. Raele		
THOM:	Name	(Printed or typed)	
		•	
	247 McClain Dr.		
		Address	<u> </u>
	West Melbourne, Fl. 32904		
		State & Zip	
	City,		
	321-412-4353		
		elephone 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.

FILED

06 JUN -2 PM 3:55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing 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

ETER F RAELE

Date

Date