

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

FLORIDA PROFIT/NON PROFIT CORPORATION

GULF INSURANCE AGENCY INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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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:
GULF INSURANCE AGENCY INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is :
2788 ROYAL PALM DRIVE
NORTH PORT FL 34288

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:
1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

DIRECTOR, PRESIDENT:

JOHN D. NOLAN

2788 ROYAL PALM DRIVE

NORTH PORT FL 34288

DIRECTOR, VICE PRESIDENT, SECRETARY AND TREASURER:

MARY A. NOLAN

2788 ROYAL PALM DRIVE

NORTH PORT FL 34288

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ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
JOHN D. NOLAN
2788 ROYAL PALM DRIVE
NORTH PORT FL 34288


ARTICLE VII INCORPORATOR

The name and Florida street address of the Incorporator is:
JOHN D. NOLAN
2788 ROYAL PALM DRIVE
NORTH PORT FL 34288

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.


JOHN D. NOLAN / Registered Agent

06/29/07
Date


JOHN D. NOLAN / Incorporator

06/29/07
Date

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