# Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6381

: ADVANCED INCORPORATING SERVICES, INC. Account Name

Account Number : 120080000093 Phone : (850)575-2723 Fax Number : (850)575-2724

FLORIDA PROFIT/NON PROFIT CORPORATION

Insurance Network Specialties Personal Lines, Inc.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 01      |
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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:

Insurance Network Specialties Personal Lines, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1700 N. University Drive, Suite 110 Coral Springs, Florida 33071

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in the sale of insurance and operation of an insurance agency, and for any and all other lawful purposes

## ARTICLE IV SHARES

The number of shares of stock is: 1000 @ no par

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Mike Hellmer, Director and President - 1700 N. University Drive, Suite 110, Coral Springs, Florida 33071 Suzanne Rath, Director, Vice President and Secretary - 1700 N. University Drive, Suite 110, Coral Springs, Florida 33071

#### ARTICLE VI REGISTERED AGENT

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

Jeffrey Shalek, 4000 Hollywood Blvd., Suite 375-S, Hollywood, Florida 33021

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Jeffrey Shalek, 4000 Hollywood Blvd., Suite 375-S, Hollywood, Florida 33021

| *********************************   | ***********************   |
|---|---|
| Having been named as registered agent to accept service of process for the a certificate, I am familiar with and accept the appointment as registered agent a | above stated corporation at the place designated in this<br>and agree to act in this capacity |
| M. W  | ala loa   |
| Signature/Registered Agent  | 2/9/09  |
| Signature/Incorporator  | Date  |

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