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Corporate

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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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From: Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**D & M Insurance Agency Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	23
Estimated Charge	\$70.00

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December 8, 2009

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

\*\*\*CSH SERVICES, LLC\*\*\*

SUBJECT: D & M INSURANCE AGENCY INC.  
REF: W09000053357

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

The document number of the name conflict is P0700001653 - DM INSURANCE AGENCY INC.

An effective date may be added to the Articles of Incorporation if a 2010 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

If you have any further questions concerning your document, please call (850) 245-6062.

Eula Peterson  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H09000253600  
Letter Number: 809A00037413

## **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:

DELGADO & MASILOTTI INSURANCE AGENCY INC.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

155 COCOPLUM LANE

ROYAL PALM BEACH, FLORIDA 33411

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to engage in a 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:

PRESIDENT

CHANNON DELGADO

155 COCOPLUM LANE

ROYAL PALM BEACH, FLORIDA 33411

DIRECTOR

ANTHONY MASILOTTI

9609 WORSWICK COURT

WELLINGTON, FLORIDA 33414

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PAGE 2 DELGADO & MASILOTTI INSURANCE AGENCY INC.

**ARTICLE VI REGISTERED AGENT**

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

CHANNON DELGADO  
155 COCOPLUM LANE  
ROYAL PALM BEACH, FLORIDA 33411

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**ARTICLE VII INCORPORATOR**

The name and street address of the incorporator is:

CHANNON DELGADO  
155 COCOPLUM LANE  
ROYAL PALM BEACH, FLORIDA 33411

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.

  
CHANNON DELGADO / Registered Agent

12-7-09  
Date

  
CHANNON DELGADO / Incorporator

12-7-09  
Date