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| (Requestor's Name)                      |                                       |           |  |  |
|---|---------------------------------------|-----------|--|--|
| (Ad                                     | ldress)                               |           |  |  |
| (Ad                                     | idress)                               |           |  |  |
| (Cit                                    | ty/State/Zip/Phone                    | : #)      |  |  |
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Law Offices Sullivan & Ward, P.C. 6601 Westown Pkwy, STE 200 West Des Moines, Iowa 50266 515-244-3500 fax 515-244-3599 www.sullivan-ward.com

direct: 515-247-4702 lhockenberg@sullivan-ward.com John T. Ward Michael P. Joynt Louis R. Hockenherg \* Richard R. Chabot Robert M. Holliday Mark Landa Dennis L. Puckett Lawrence P. McLellan Matthew D. Gardner Samantha J. Gronewald Michael J. Green \* Kyle A. Kruidenie Elizabeth N. Overton Benjamin M. Clark David J. Hellstern William W. Sullivan [1919-1999]

> John V. Donnelly [1940-2010]

> > Of Counsel

Also Admitted in:
\* Minnesota \* Colorado

August 6, 2012

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

Re: ISC Strategies Consulting, Inc.

Dear Sir/Madam:

Enclosed is an original and one copy of a Cover Letter and Articles of Incorporation as well as our draft to cover the filing fee. Please return a file stamped copy in the envelope enclosed.

Thank you for your assistance.

Very truly yours,

SULLIVAN & WARD, P.C.

Louis R. Hockenberg

LRH/jak

## **COVER LETTER**

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

| SUBJECT: ISC STRATEGIES CONSULTING, INC.   |   |  |  |  |
|--|---|--|--|--|
| (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)  |   |  |  |  |
| Enclosed are an original and one (1) copy of the ar  | ticles of incorporation and a check for:  |  |  |  |
| \$70.00 \$78.75 Filing Fee & Certificate of Status   | \$78.75 Filing Fee & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED |  |  |  |
|  |   |  |  |  |
| FROM: CARL M. HARRIS   | ne (Printed or typed)   |  |  |  |
| 4446 Stonebridge Road  |   |  |  |  |
| Address  |   |  |  |  |
| Destin, FL 32541   |   |  |  |  |
| City, State & Zip  |   |  |  |  |
| <b>(515)</b> 240–7775  |   |  |  |  |
| Daytime Telephone number   |   |  |  |  |
| charris@insurance-strat.com  E-mail address: (to be used for future annual report notification)  |   |  |  |  |
| The second secon |   |  |  |  |

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) SECRETARY OF STATE DIVISION OF CORPORATIONS

| The name of the c | NAME corporation shall be: ISC STRATEGIES  | CONSULTING, INC.                 | 12 AUG 10 PM 1:21           |
|-------------------|--|----------------------------------|-----------------------------|
| ARTICLE II        | PRINCIPAL OFFICE Principal street address  | Mailine                          | g address, if different is: |
|                   | 3001 S.W. 3rd AVE  |                                  | _ ddiless, if different is. |
|                   | MIAMI, FL 33129  |                                  |                             |
|                   |  |                                  |                             |
| ARTICLE III       | PURPOSE  |                                  |                             |
| The purpose for   | which the corporation is organized is: WFUL ACTIVITIES ALLOWED BY F.   | TARTRA TART                      |                             |
|                   | THE RESERVE OF A STATE OF THE PARTY OF A STATE OF THE PARTY OF THE PAR | LOKIDA LAW.                      |                             |
|                   | arra D.T.a   |                                  |                             |
| ARTICLE IV        |  | 0010(0)1 0m0 0T                  | <b>5</b>                    |
|                   | ares of stock is: 10,000 SHARES OF   |                                  | AR VALUE                    |
|                   | INITIAL OFFICERS AND/OR DIREC  |                                  | Potnam                      |
| Name and I        | Title: CARL M. HARRIS  | Address:                         | TESTDENT                    |
| Audicas.          |  |                                  |                             |
|                   |  |                                  |                             |
| Manage and T      | Fiela.   | Nama and Title                   |                             |
| Address:          | Fitle:   | Address:                         |                             |
| Addiess.          |  |                                  |                             |
|                   |  |                                  |                             |
|                   |  | 3.9 1.890.1                      | <del></del>                 |
|                   | Fitle:   |                                  |                             |
| Address:          |  |                                  |                             |
|                   |  |                                  |                             |
| ADTICLE III       | REGISTERED AGENT   |                                  |                             |
|                   | orida street address (P.O. Box NOT acceptal  | ble) of the registered agent is: |                             |
| Name:             | JOEL MAGOLNICK   |                                  |                             |
| Address:          | 3001 S.W. 3RD AVE.   |                                  |                             |
|                   | MIAMI, FL 33129  |                                  |                             |
| ARTICLE VII       | INCORPORATOR   |                                  |                             |
|                   | dress of the Incorporator is:  |                                  |                             |
| Name:             |  | <del></del>                      |                             |
| Address:          | 4446 STONEBRIDGE ROAD  |                                  |                             |
|                   | DESTIN FL 32541  | ·····                            |                             |
|                   | Hed as registered agent to accept service of p<br>im familiar with and accept the appointment  |                                  |                             |
| , (               | 777  |                                  | ر ا ما                      |
|                   | A C  |                                  | 1130112                     |
|                   | Required Signature/Registered Ager   | nt                               | Date                        |
|                   | ument and affirm that the facts stated here  |                                  |                             |
| document to the D | Department of State constitutes a third degree   | felony as provided for in s.817  | .155, F.S.                  |
| ()                | ~ <del>~~~</del>   |                                  | ا ما د ما م                 |

Required Signature/Incorporator