

P 950000 15284

TRANSMITTAL LETTER

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

FILED  
FEB 23 PM 2 44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000001414080  
-02/23/95--01085--004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: SUNCOAST INSURANCE & FINANCIAL SERVICES INC  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate

\$122.50  
Filing Fee  
& Certified Copy

\$131.25  
Filing Fee,  
Certified Copy  
& Certificate

FROM: PETER IMBRUNONE  
Name (printed or typed)

RT 1 BOX 130  
Address

LAMONT FL 32336  
City, State & Zip

(904)97-5462  
Daytime Telephone number

will  
wait

NOTE: Please provide the original and one copy of the articles.

# ARTICLES OF INCORPORATION

*The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

## ARTICLE I NAME

The name of the corporation shall be:

SUNCOAST INSURANCE & FINANCIAL SERVICES INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2489 58th St N  
ST PETERSBURG FL 33710

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10,000

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PETER IMBRUNONE  
RT 1 BOX 130  
LAMONT FL 32336

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1995 FEB 23 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V INCORPORATOR(S)**

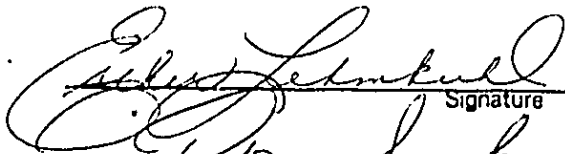
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

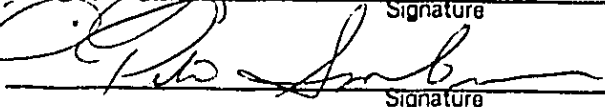
ESTHER LEHMKUHL  
2032 PECAN CT  
TALLAHASSEE FL 32303

PETER IMBRUNONE  
RT 1 BOX 130  
LAMONT FL 32336

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

20th day of February, 1995.

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Articles of Incorporation  
Filing Fee - \$35**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: SUNCOAST INSURANCE & FINANCIAL  
SERVICES INC

2. The name and address of the registered agent and office is:

PETER IMBRUNONE  
(Name)  
RT 1 BOX 130  
(P.O. Box not acceptable)  
LAMONT FL 32336  
(City/State/Zip)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Signature)

2/20/95

PT500001584

PO Box 632  
TLH FL 323

CHANGE OF PRINCIPAL OFFICE/MAILING ADDRESS

Name of corporation: SUNCOAST Insurance & Financial Services Inc

Current Principal Office/Mailing Address:

2489 58<sup>th</sup> St. N  
St. Petersburg FL 33710

Address to Which Principal Office/Mailing Address is to be Changed to:

5503 38<sup>th</sup> Ave N  
St Petersburg FL 33710



OFFICER'S/DIRECTOR'S SIGNATURE

Peter Limbrunone

OFFICER'S/DIRECTOR'S NAME (PLEASE PRINT)

5-10-95

DATE

JW  
6-16-95

P95000015284

Requestor's Name

Suncoast Asset Mgmt Corp.  
P.O. Box 28086  
St. Petersburg, FL 33709

Office Use Only

IBER(S), (if known):

100001752031  
-03/21/96--01020--011  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

- 1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- Walk in
- Mail out
- Pick up time \_\_\_\_\_
- Will wait
- Certified Copy
- Certificate of Status
- Photocopy

SH 3/19

RECEIVED  
SEARCHED  
SERIALIZED  
MAR 19 9:07  
DIVISION OF CORPORATIONS

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

**March 5, 1996**

**Suncoast Asset Mgmt Corp.**  
P.O. Box 28086  
St. Petersburg, FL 33709

**SUBJECT: SUNCOAST INSURANCE & FINANCIAL SERVICES INC.**  
Ref. Number: P95000015284

**We have received your document for SUNCOAST INSURANCE & FINANCIAL SERVICES INC. and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:**

**Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.**

**The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.**

**Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.**

**If you have any questions concerning the filing of your document, please call (904) 487-6908.**

**Steven Harris**  
Corporate Specialist

**Letter Number: 796A00009792**

## ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

**FIRST:** The name of the corporation is Suncoast Insurance and Financial Services, Inc.  
2489 58th St N St. Petersburg, FL 33710.

**SECOND:** The articles of incorporation were filed on February 23, 1995.

**THIRD:** (CHECK ONE)

None of the corporation's shares have been issued.

The corporation has not commenced business.

**FOURTH:** No debt of the corporation remains unpaid.

**FIFTH:** The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

**SIXTH:** Adoption of Dissolution (CHECK ONE)

A majority of the incorporators authorized the dissolution.

A majority of the directors authorized the dissolution.

Signed this 21st day of February, 19 96.

Signature Peter F. Imbrunone  
(By an incorporator if adopted by the incorporators or by the chairman or vice chairman of the board, president, or other officer if adopted by the directors)

Peter F. Imbrunone  
(Typed or printed name)

Vice-president  
(Title)

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