

1201 HAYS STREET  
TALLAHASSEE, FL 32304  
904 222-1571  
904 222-1391 FAX

BOB-142-BOB

**CSC networks**  
PROFESSIONAL  
LEGAL & FINANCIAL SERVICES

ACCOUNT NO: 072100000032

REFERENCE: 646049 79811A

AUTHORIZATION:

COST LIMIT: 9 PPD

ORDER DATE: July 21, 1995

ORDER TIME: 10:38 AM

ORDER NO.: 646049

CUSTOMER NO: 79811A

CUSTOMER: Don Zimmerman, Esq  
DON F. ZIMMERMAN, ESQ

Suite A  
2123 Northeast Coachman Road  
Clearwater, FL 34625-2616

20000115480412  
-07/21/95--01010--0026  
\*\*\*\*122.50 \*\*\*\*122.50

DOMESTIC FILING

NAME: COAST TO COAST INSURANCE  
PROGRAMS, INC.

XXX ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Danny G. Smith

EXAMINER'S INITIALS:

T. BROWN

JUL 21 1995

FILED  
95 JUL 21 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LITTLE, EVANS & ZIMMERMAN, P.A.

ATTORNEYS AT LAW

Thomas C. Little  
H. Michael Evans  
Don F. Zimmerman

July 19, 1995

2123 N.E. Conchman Road  
Suite A  
P.O. Box 5379  
Clearwater, Florida 34625  
(813) 443-5773  
FAX: (813) 441-2394

Corporate Records Bureau  
Division of Corporations  
Department of State  
P. O. Box 6327  
Tallahassee, FL 32301

Re: COAST TO COAST INSURANCE PROGRAMS, INC.

Gentlemen:

Enclosed are two original Articles of Incorporation for the above-named corporation, along with two original Certificates Designating Place of Business or Domicile for the Service of Process Within Florida, Naming Agent Upon Whom Process May Be Served, for this corporation.

Also, enclosed is our check in the amount of \$122.50, representing the following fees with respect to this corporation

Filing Fee	\$ 35.00
Certified Copy	\$ 52.50
Registered Agent Fee	\$ <u>35.00</u>

TOTAL	<u>\$122.50</u>
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Please file the original of the enclosed Articles of Incorporation and return a certified copy to our office.

Very truly yours,

  
Don F. Zimmerman

DFZ:li  
Enclosures  
cc: Mr. David C. Wolcott

ARTICLES OF INCORPORATION  
OF  
COAST TO COAST INSURANCE PROGRAMS, INC.

FILED  
95 JUL 21 PM 2 10  
TALLAHASSEE, FLORIDA

The undersigned for the purpose of forming a corporation under the Florida Business Corporation Act hereby adopts the following Articles of Incorporation:

ARTICLE 1: NAME:

The name of this Corporation is: COAST TO COAST INSURANCE PROGRAMS, INC.

ARTICLE 2: DURATION:

The term of existence of the Corporation is perpetual.

ARTICLE 3: PURPOSE:

This Corporation is organized for the purpose of transacting any and all lawful business for which corporations may be incorporated under the Florida Business Corporation Act.

ARTICLE 4: CAPITAL STOCK:

This Corporation is authorized to issue One Thousand (1000) shares of common stock, having a par value of One Dollar (\$1.00) per share.

ARTICLE 5: INITIAL REGISTERED OFFICE AND AGENT:

A. Principal Place of Business: The principal place of business and/or mailing address of this Corporation is 5824 U.S. Highway 19, Suite A, New Port Richey, Florida 34652 and its registered office address is 5824 U.S. Highway 19, Suite A, New Port Richey, Florida 34652.

B. Registered Agent: The name of the initial registered agent of this Corporation at that address is DAVID C. WOLCOTT.

**ARTICLE 6: INCORPORATOR:**

The name and post office address of the sole incorporator is:

DAVID C. WOLCOTT

5824 U.S. Highway 19, Suite A  
New Port Richey, FL 34652

**ARTICLE 7: INITIAL BOARD OF DIRECTORS:**

This Corporation shall have four (4) director(s) initially. The number of directors may be either increased or diminished from time to time by the Shareholders, but shall never be less than one (1). The names and addressses of the initial directors of this Corporation are:

<u>Name</u>	<u>Address</u>
DAVID C. WOLCOTT	3215 Lori Lane New Port Richey, FL 34655
RUTH M. WOLCOTT	3215 Lori Lane New Port Richey, FL 34655
DAVID C. WOLCOTT, JR.	6316 Emerson Drive New Port Richey, FL 34655
THERESA L. HURKA	6062 Fall River Drive New Port Richey, FL 34655

**ARTICLE 8: INDEMNIFICATION:**

The Corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

ARTICLE 9: AMENDMENT:

This Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 20th day of July, 1995.

BY: David C. Wolcott

DAVID C. WOLCOTT  
Incorporator

STATE OF FLORIDA  
COUNTY OF PASCO

The foregoing instrument was acknowledged before me this 20th day of July, 1995, by DAVID C. WOLCOTT, as incorporator of COAST TO COAST INSURANCE PROGRAMS, INC., a Florida corporation to be formed, who is personally known to me, or who has produced a valid Florida State Driver's License as identification.

Joan M. Burmann  
Signature

Joan M. Burmann  
Print or Type Name of Notary  
Notary Public-State of Florida  
My Commission Expires:

(SEAL)

JOAN M. BURMANN  
NOTARY PUBLIC, STATE OF FLORIDA  
MY COMMISSION EXPIRES JULY 8, 1999  
COMMISSION NO. CC454821

**CERTIFICATE**

Designating Place of Business or Domicile  
for the  
Service of Process Within Florida,  
Naming Agent Upon Whom Process May be Served

FILED  
95 JUL 21 PM 2:10  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA

In compliance with Section 48.091, Florida Statutes, the following is submitted with respect to this corporation's replacement Registered Agent:

That COAST TO COAST INSURANCE PROGRAMS, INC., desiring to organize or qualify under the laws of the State of Florida, with its place of business at 5824 U.S. Highway 19, Suite A, City of New Port Richey, State of Florida, has named DAVID C. WOLCOTT, located at 5824 U.S. Highway 19, Suite A, City of New Port Richey, State of Florida, as its agent to accept service of process within Florida.

Signature: David C. Wolcott  
Title: Incorporator  
Date: July 20, 1995

HAVING BEEN NAMED to accept service of process for the above stated Corporation, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Signature: David C. Wolcott  
Registered Agent  
Date: July 20, 1995

STATE OF FLORIDA  
COUNTY OF PASCO

The foregoing instrument was acknowledged before me  
this 20<sup>th</sup> day of July, 1995 by DAVID C. WOLCOTT, who is personally  
known to me, or who has produced a Florida State Driver's License as  
identification.

Joan M. Burmann  
Signature

Joan M. Burmann  
Print or Type Name of Notary  
Notary Public-State of Florida  
My Commission Expires:

(SEAL)

JOAN M. BURMANN  
NOTARY PUBLIC, STATE OF FLORIDA  
MY COMMISSION EXPIRES JULY 8, 1999  
COMMISSION NO. CC454821