

REFERENCE : 791928 102346

AUTHORIZATION :

COST LIMIT : 4 70.00

ORDER DATE : January 4, 1996

ORDER TIME : 3:33 PM

ORDER NO. : 791928

CUSTOMER NO:

10234A

CUSTOMER:

Thomas W. Conely, Iii, Esq

CONELY & CONELY, P.A.

207 H.w. Second Street

Okeechobee, FL 34972

DOMESTIC FILING

NAME:

APOGEE INSURANCE GROUP, INC.

_ ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Prezeau

EXAMINER'S INITIALS: T. BROWN JAN - 5 1996

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300001679843



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 10, 1995

CSC NETWORKS

The name APOGEE INSURANCE GROUP, INC. has been reserved for 120 days beginning October 10, 1995. The reservation number is R95000004558 and this reservation is NONRENEWABLE.

A reservation is not a grant of authority to use the name. It is only a withholding of a name from its availability for use by another. When the proposed document is submitted, the name will AGAIN be checked against the records of the Division and if still no conflict exists and all other requirements are fulfilled, the reserved name shall be filed as the entity name.

The Division of Corporations is a ministerial filling office and may not render any legal advice. The Division does not adjudicate the legality of any corporate name or arbitrate disputes between entities. You may wish to review other laws such as common law rights, including rights to a trade name; United States Code, Federal Trademark Act, Section 1051 (Lantham Act); Chapter 495, Florida Statutes, Registration of Trademarks and Service Marks (Florida Trademark Act); and Section 865.09, Florida Statutes (Fictitious Name Act).

If someone else submits the document for filing, it must have a copy of this letter attached.

Should you have any questions regarding this matter, please telephone (904) 488-9000, the Name Availability Section

Judy Eure

Letter number: 895A00045741

ARTICLES OF INCORPORATION

OF

APOGEE INSURANCE GROUP, INC.



The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

APOGEE INSURANCE GROUP, INC.

The address of the principal office of this corporation shall be 401 Northwest 6th Street, Okeechobee, Florida 34972, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 10,000 shares of common stock having \$1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Service Company.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. PREEMPTIVE RIGHTS

The corporation elects to have preemptive rights.

ARTICLE VII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Corporation Service Company 1201 Hays Street Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of Corporation Service Company, has hereunto set their hand and seal of Corporation Service Company on January 4, 1996.

CORPORATION SERVICE COMPANY

Its Agent, Karen B. Ro

ACCEPTANCE OF REGISTERED AGENT DESIGNATED AMASSEE, FLORIDA

Corporation Service Company, a Delaware corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

CORPORATION SERVICE COMPANY

ets Agent, Karen B. Rozar

GLS/mjp

P960000001497

207 NORTHWEST 2ND STREET ORECOTORER FLORIDA 84972-4190

T.W. CONELY, JR. 1809-1000 TOM W. CONELY, 111

April 15, 1996

TRLEPHONE - (941) 763-3825 TRLEPHONE - (941) 763-3826 FACHMILE - (941) 763-0856

400001787364 -04/19/96--01063--007 *****35.00 *****35.00 .2.8

Florida Department of State Division of Corporations Post Office Box 6327 Okeechobee, Florida 32314

Re: APOGEE INSURANCE GROUP, INC.

Gentlemer:

Enclosed please find Statement of Change of Registered Office and Registered Agent for the above corporation together with my check in the amount of \$35.00 representing the filing fee.

Sincerely,

Jon 24 Couly, THE TOM W. Conely, III

TWC, III/bjl

Enc.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Florida Statutes, the undersigned corpor Florida submits the following state or registered agent, or both, in the State	07.0502, 617.0 502, 607.1508 , or 617.1508, ration organized under the laws of the State of attement in order to change its registered office of Florida.
1a. The name of the corporation is: APO	•
1b. Date of incorporation January	
2. The name and address of the curren Corporation Service Compa	it registered agent and office:
1201 Hays Street, Tallaha	Siee, FL 32301
 The name and address of the new region (P.O. Box Not Acceptable) 	istered agent and office: 문제 용
- CATHERINE T. STOKES	
oth Street,	Okeechobee, Florida 34972 and the street address of the business office identical.
an officer so authorized by resolution an officer so authorized by the board. SIGNATURE	Jonathan J. Persky, President
March (5 1996	yped or printed name and title
DATE	
HAVING BEEN NAMED AS REGISTERED PROCESS FOR THE ABOVE STATED CO IN THIS CERTIFICATE, I HEREBY ACCEP AGENT AND AGREE TO ACT IN THIS CAWITH THE PROVISIONS OF ALL STATUT PLETE PERFORMANCE OF MY DUTIES, THE OBLIGATION OF MY POSITION AS FINE OBLIGATION OBLIGATIO	T THE APPOINTMENT AS REGISTERED PACITY. I FURTHER AGREE TO COMPLY ES RELATIVE TO THE PROPER AND COM- AND I AM FAMILIAR WITH AND ACCEPT REGISTERED AGENT.
DATE	(Registered Agent)
Division of C	(Registered Agent)
	(Registered Agent)

FILING FEE: \$35,00