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CR2E031 (R8-85)

## ARTICLES OF INCORPORATION

OF

COASTAL INSURANCE SERVICES OF LAKE WORTH, INC.

# ARTICLE I - NAME

The name of the corporation shall be:

COASTAL INSURANCE SERVICES OF LAKE WORTH, INC.

# ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 4659 Lake Worth Road, Lake Worth, FL 33463.

# ARTICLE III - CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 7,500 shares of common stock having a par value of \$1.00 per share.

# ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is: MICHAEL LEVINE, 4659 Lake Worth Road, Lake Worth, FL 33463.

# ARTICLE V - INCORPORATOR(S)

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

<u>Name</u>

Address

MICHAEL LEVINE

12911 Elmford Lane Boca Raton, FL 33428

The undersigned has(have) executed these Articles of Incorporation this 26 day of \_ from 1996.

Michael Levine, President

# ARTICLE VI - INITIAL BOARD OF DIRECTORS

The initial Board of Directors shall consist two (2) members. The number of directors may be increased or decreased from time to time by vote of the stockholders, but in no case shall the number of directors be less than one (1) nor more than four (4). The names and addresses of the director(s) constituting the initial Board of Directors are:

Name

Address

MICHAEL LEVINE

12911 Elmford Lane
Boca Raton, FL 334285

ERIC DAVIS

12911 Elmford Lane Boca Raton, FL 33428 FILED B 28 PF

# ARTICLE VII - DURATION AND PURPOSE

This corporation shall have a perpetual existence. The purpose of this Corporation is to engage in any activities or business permitted under the Laws of the United States and the State of Florida.

### ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the Articles of Incorporation, 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:

2/26/96

# TO DEPARTMENT OF STATE 6 0000 A. 8 OF STATE NUMBER

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STATE OF FLORIDA OFFICE OF STATE TREASURER TALLAHASSEE FLORIDA

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* TRUST	498.75	ACCOUNT CLOSED	2	*	2
* OTHER		UNCOLLECTED FUNDS	3	*	
* TOTAL	498.75	OTHER	4	*	

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GRAND TOTAL:

\$ 498.75

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Process Date: 03/07/96

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

Bill Aldson