

P960000 26091

Chart Number Only

3-25-96 Luzana
Bruce Benefield H-109
Requestor's Name
7800 West Oakwood Blvd
Address
Sumner, PA 15352
City State ZIP Phone
748-2000

VALIDATION ONLY

FILED
96 MAR 26 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION(S) NAME

CORAL INSURANCE CONSULTANTS, INC.



EXPIRE Toll Free: 1-800-432-3028

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Mark | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> Mail Out |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CERTIFIED COPY

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DIVISION OF CORPORATION

ARTICLES OF INCORPORATION

OF

CORAL INSURANCE CONSULTANTS, INC.

ARTICLE I

The name of the corporation is:

CORAL INSURANCE CONSULTANTS, INC.

ARTICLE II

The principal office or mailing address of the corporation is:

7800 W. Oakland Park Blvd.
Suite 109
Sunrise, Florida 33351

ARTICLE III

The corporation may engage in any activity or business permitted under the laws of the United States and under the laws of the State of Florida.

ARTICLE IV

The maximum number of shares of capital stock that the corporation is authorized to issue is 7,500 shares of common stock at \$1.00 par value.

The holders of common stock shall have preemptive rights to purchase any shares of the corporation hereafter issued or any securities exchangeable for or convertible into such shares or any warrants or other instruments evidencing rights or options to subscribe for purchase, or otherwise acquire such shares.

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TALLAHASSEE, FLORIDA

ARTICLE V

This corporation shall have one (1) Director initially. The number of Directors may be either increased or diminished from time to time by the By-Laws but shall never be less than one (1). The name and address of the initial Director of this corporation is:

SUSAN STEMBER
7800 W. Oakland Park Blvd.
Suite 109
Sunrise, Florida 33351

ARTICLE VI

The name and address of the person signing these Articles of Incorporation is:

SUSAN STEMBER
7800 W. Oakland Park Boulevard
Suite 109
Sunrise, Florida 33351

ARTICLE VII

The corporation shall have perpetual existence unless sooner dissolved according to law.

ARTICLE VIII

The corporation shall indemnify any Officer or Director, or any former Officer or Director, to the full extent permitted by Law.

ARTICLE IX

The Registered Agent of the corporation shall be SUSAN STEMBER, whose registered office within this State is:

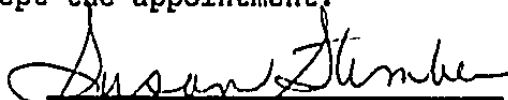
7800 W. Oakland Park Blvd.
Suite #109
Sunrise, Florida 33351

IN WITNESS WHEREOF, these Articles of Incorporation have been
executed this 22 day of March, 1996.


SUSAN STEMBER

ACCEPTANCE BY REGISTERED AGENT

Having been named as Registered Agent for the above-named
corporation, I hereby agree to accept the appointment.


SUSAN STEMBER

STATE OF FLORIDA)
) SS
COUNTY OF BROWARD)

I HEREBY CERTIFY that SUSAN STEMBER, this day acknowledged before me and that he executed the foregoing Articles of Incorporation, and I further certify that the said person making such acknowledgement to be the individual described in and who executed the said instrument. The person described herein is () personally known to me or () presented identification in the form of _____ and did take an oath.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal in said County and State, this 22 day of March, 1996.

Suzanne M. Ludwig

NOTARY PUBLIC, State of
Florida at Large

My Commission Expires:



SUZANNE M. LUDWIG
MY COMMISSION # CC418210 EXPIRES
November 2, 1998
BONDED THRU TROY FAIR INSURANCE, INC.



SUZANNE M. LUDWIG
MY COMMISSION # CC418210
November 2, 1998
BONDED THRU TROY FAIR INSURANCE, INC.

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TALLAHASSEE, FLORIDA

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