P96000042539

TRANSMITTAL LETTER

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

SUBJECT: Connor Insurance Group Incorporated
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of $ 122.50.

000001801920
-04/30/96--01112--004
****122.50 ****122.50

FROM: Tim Connor
Name
723 Belvedere Road
Address
West Palm Beach FL 33405
City, State, & Zip
(407) 832-8282
Telephone Number
(954) 378-2165

FILED
96 APR 30 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: Additional copy of articles is needed only when certified copy is requested.

SAS 5/20/96

FILED
96 APR 30 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

Connor Insurance Group Incorporated

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:

Connor Insurance Group Incorporated

ARTICLE II PRINCIPAL OFFICE

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

723 Belvedere Road
West Palm Beach Fl 33405

ARTICLE III CAPITAL STOCK

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

1000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Tim Connor
723 Belvedere Road
West Palm Beach Fl 33405

ARTICLE V INCORPORATOR(S)

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

Tim Connor
723 Belvedere Road
West Palm Beach Fl 33405

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

29th day of March, 1996.

Tim Conn -, Pres
Signature/Title

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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: Connor Insurance Group Incorporated

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

Tim Connor
(NAME)

723 Belvedere Road
(P.O. BOX NOT ACCEPTABLE)

West Palm Beach FL 33405
(CITY/STATE/ZIP)

FILED
96 APR 30 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SIGNATURE Tim Conn
(corporate officer)

TITLE President

DATE 3-29-96

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 Tim Conn

DATE 3-29-96

REGISTERED AGENT FILING FEE: $35.00

DEBIT MEMORANDUM

FOR OFFICIAL USE

DATE NUMBER

TO :
DEPARTMENT OF STATE

P96000042539

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #	
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1	
TRUST	3,202.50	ACCOUNT CLOSED	2	2
OTHER		UNCOLLECTED FUNDS	3	
TOTAL	3,202.50	OTHER	4	

CROSS REF	DISTRIBUTION SAMAS CODE	REASON	AMOUNT
12	45-20-2-130001-45300000-00-000100-00	2	35.00
12	45-20-2-130001-45300000-00-000100-00	1	122.50
12	45-20-2-130001-45300000-00-000100-00	1	122.50
12	45-20-2-130001-45300000-00-000100-00	1	122.50
12	45-20-2-130001-45300000-00-000100-00	2	200.00
12	45-20-2-130001-45300000-00-000100-00	4	200.00
12	45-20-2-130001-45300000-00-000100-00	4	200.00
12	45-20-2-130001-45300000-00-000100-00	4	200.00
12	45-20-2-130001-45300000-00-000100-00	4	200.00
12	45-20-2-130001-45300000-00-000100-00	4	200.00
12	45-20-2-130001-45300000-00-000100-00	4	200.00
12	45-20-2-130001-45300000-00-000100-00	1	225.00
12	45-20-2-130001-45300000-00-000100-00	1	1,175.00

GRAND TOTAL: $ 3,202.50

RECEIVED
96 MAY 23 PM 2:03

Process Date: 05/09/96

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

Bill Nelson

State Treasurer

TIM CONNOR
JULIE CONNOR
PH. 407 487-5336
11364 WOODCHUCK DR.
BOCA RATON, FL 33428

1847

63-9126/2670

Pay to the order of Secretary of State

One hundred twenty ... /100 DOLLARS

NSF

DO NOT REDEPOSIT

PRESENTED TWICE

NSF

GREAT WESTERN BANK GW

5950 GLADES ROAD
BOCA RATON, FL 33431
1-800-STATUS-5

For incorporation fee

Tim Connor

⑆267091263⑆ 5948272942⑈ 1847 ⑇0000012250⑇

DEPT OF STATE 4500453
FOR DEPOSIT ONLY
-04/30/96--01112--004
-------****122.50

[illegible]

06000 0002 0109340000
063000047
06 158857 05-06 3890
00035016

20 BARNETT JAX
800-5239498>063000047<
09 267454 2348 05-01 JAX FL
09 267454 05-01 05

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 31, 1996

Tim Connor
Connor Insurance Group Incorporated
723 Belevedere Rd.
West Palm Beach, FL 33405

SUBJECT: CONNOR INSURANCE GROUP INCORPORATED
Ref. Number: P96000042539

Debit Memo #: 63723-C

This is to inform you that your check #1847 dated March 29, 1996 in the amount of $122.50 and submitted for CONNOR INSURANCE GROUP INCORPORATED has been returned to us by your bank because of Nonsufficient Funds.

We request that you remit a cashier's check or money order in amount of $137.50 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations
Attn: Melinda Lilliston
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (904) 487-6900.

Sincerely,
Melinda Lilliston
Administrative Assistant I
Division of Corporations

Letter number: 996A00027304

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 10, 1996

Tim Connor
Connor Insurance Group Inc.
723 Belevedere Rd.
West Palm Beach, FL 33405

SUBJECT: CONNOR INSURANCE GROUP INCORPORATED
Ref. Number: P96000042539

Debit Memo #: 63723-C

Due to your failure to respond to our previous letter advising you of the returned check #1847, the Articles of Incorporation for CONNOR INSURANCE GROUP INCORPORATED have been cancelled and are considered not filed as of July 10, 1996.

The name of your corporation is now available for use.

If you have any questions concerning the returned check, please call (904) 487-6900.

Sincerely
Melinda Lilliston
Administrative Assistant I
Division of Corporations

Letter number: 896A00033589

P960000 42539

DOCUMENT NUMBER P960000 42539

DATE: 8-6-96

RECEIVED PAYMENT FOR DEBIT MEMO # 63723-C IN THE AMOUNT OF $ 137.50. REACTIVATED ARTICLES OF INCORPORATION.

MELINDA LILLISTON

600001915006
-08/07/96--01008--020
****137.50 ****137.50