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LAW OFFICE OF
Orrin R. Beilly, P.A.

CITIZENS BLDG. SUITE 708
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WEST PALM BEACH, FLORIDA 33401
(407) 832-1803

CIVIL TRIAL PRACTICE

FACSIMILE (407) 832-0181

May 23, 1996

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

600001843496
-05/30/96--01001--018
****122.50 ****122.50

Re: Tagg Insurance

To whom it may concern:

Enclosed, please find the Articles of Incorporation for the above-referenced corporation along with a check in the amount of \$122.50 to cover the costs of filing of same.

Please provide this office with a stamped copy of the above Articles. If you should have any questions, please do not hesitate to contact this office.

Very truly yours,

By: *Orrin R. Beilly*
Orrin R. Beilly

ORB:abm

Encl.

JUN 4 1996 BSB

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MAY 29 PM 6:21
TALLAHASSEE, FLORIDA

ARTICLE VI - INITIAL BOARD OF DIRECTORS

The initial Board of Directors shall consist one (1) member. 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:

<u>Name</u>	<u>Address</u>
KAREN CUSENZA	1607 Prosperity Farms Road Lake Park, FL
MARY ANN CUSENZA	1607 Prosperity Farms Road Lake Park, FL

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: _____

Date: _____