

FROM

(WED) 07.03' 96 10:45/ST. 10:44/NO. 2380 02000 P 1/8

7/03/96

FLORIDA DIVISION OF CORPORATIONS
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TO: DIVISION OF CORPORATIONS

FROM: HANCOCK ADAMS & CRISER, P.A.

DEPARTMENT OF STATE

50 N LAURA ST

STATE OF FLORIDA

3400 BARNETT CENTER

409 EAST GAINES STREET

JACKSONVILLE FL 32202-

TALLAHASSEE, FL 32399

CONTACT: CORINNE P MCCLUNE

FAX: (904) 922-4000

PHONE: (904) 384-1100

FAX: (904) 798-2861

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DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: CONSTRUCTION INSURANCE PROGRAMS, INC.

FAX AUDIT NUMBER: M96000000264

CURRENT STATUS: REQUESTED

DATE REQUESTED: 07/03/1996

TIME REQUESTED: 10:32:45

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CERTIFICATE OF STATUS: 0

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ENTER SELECTION AND <CR>:

HAC No. _____

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TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS

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FROM .

(WED) 07. 03' 96 10:50/ST. 10:44/NO. 3560402960 P 2/6

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**Articles of Incorporation
of
CONSTRUCTION INSURANCE PROGRAMS, INC.**

ARTICLE I

Name and Duration

The name of the Corporation is CONSTRUCTION INSURANCE PROGRAMS, INC. The duration of the Corporation is perpetual. The effective date upon which this Corporation shall come into existence shall be the date these Articles are filed by the Secretary of State.

ARTICLE II

Principal Office

The address of the principal office of the Corporation in the State of Florida is 2727 Atlantic Boulevard, Post Office Box 10197, in the City of Jacksonville 32247.

ARTICLE III

Registered Office and Agent

The address of the registered office in the State of Florida is c/o Mahoney Adams & Criaer, P.A., 50 North Laura Street, 3400 Barnett Center, in the City of Jacksonville, County of Duval. The name of the registered agent at such address is RAX CO.

ARTICLE IV

Corporate Purposes, Powers and Rights

1. The nature of the business to be conducted or promoted and the purposes of the Corporation are to engage in any lawful act or activity for which corporations may be organized under the Florida Business Corporation Act.

Prepared by G. Alan Howard, Esq.
Mahoney Adams & Criaer, P.A.
P. O. Box 4099
Jacksonville, FL 32201
(904) 354-1100
Attorney No. 0879479

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2. In furtherance of its corporate purposes, the Corporation shall have all of the general and specific powers and rights granted to and conferred on a corporation by the Florida Business Corporation Act.

ARTICLE V

Capital Stock

The total number of shares of capital stock which the Corporation has the authority to issue is Ten Thousand (10,000) shares of Common Stock ("Common Stock") \$0.01 per value per share.

ARTICLE VI

Incorporator

The name and mailing address of the incorporator of this Corporation is as follows:

Name

Address

RAX CO.

c/o Mahoney Adams & Criser, P.A.
3400 Barnett Center
Jacksonville, FL 32202

ARTICLE VII

Board of Directors

1. The number of members of the Board of Directors may be increased or diminished from time to time by the Bylaws; provided, however, there shall never be less than one. Each director shall serve until the next annual meeting of shareholders.

2. If any vacancy occurs in the Board of Directors during a term, the remaining directors, by affirmative vote of a majority thereof, may elect a director to fill the vacancy until the next annual meeting of shareholders.

3. The names and mailing addresses of the persons who shall serve as directors of the Corporation until the first annual meeting of the shareholders are as follows:

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<u>Name</u>	<u>Address</u>
Thomas F. Petway III	2727 Atlantic Boulevard Post Office Box 10197 Jacksonville, FL 32247
Lee Ferguson	2727 Atlantic Boulevard Post Office Box 10197 Jacksonville, FL 32247
Elizabeth Petway	2727 Atlantic Boulevard Post Office Box 10197 Jacksonville, FL 32247
Nancy Hadlow	2727 Atlantic Boulevard Post Office Box 10197 Jacksonville, FL 32247
Robert Castranova	2727 Atlantic Boulevard Post Office Box 10197 Jacksonville, FL 32247
Christopher F. Emans	2727 Atlantic Boulevard Post Office Box 10197 Jacksonville, FL 32247

ARTICLE VIII

Amendment

The Corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation, in the manner now or hereafter prescribed by statute, and all rights conferred upon shareholders herein are granted subject to this reservation.

ARTICLE IX

Bylaws

The power to adopt, amend or repeal bylaws for the management of this Corporation shall be vested in the Board of Directors or the shareholders, but the Board of Directors may

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not amend or repeal any bylaw adopted by the shareholders if the shareholders specifically provide that such bylaw is not subject to amendment or repeal by the Board of Directors.

ARTICLE X

Indemnification

The Corporation shall indemnify any incorporator, officer or director, or any former incorporator, officer or director, to the full extent permitted by law.

ARTICLE XI

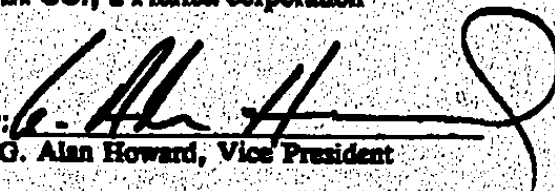
Transfer of Shares

If, from time to time, a shareholders' agreement among all of the shareholders of the Corporation is in effect regarding the Subchapter S status of the Corporation pursuant to the Internal Revenue Code of the United States in effect from time to time, then transfers of the Corporation's Common Stock made not in accordance with such agreement, whether by operation of law or otherwise, are null and void ab initio.

The undersigned, for the purpose of forming a corporation under the laws of the State of Florida, does make, file and record these Articles of Incorporation, and does certify that the facts herein stated are true; and I have accordingly hereunto set my hand and seal.

DATED at Jacksonville, Duval County, Florida, this 3rd day of
July, 1996.

RAX CO., a Florida corporation

By: 
G. Alan Howard, Vice President

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REGISTERED AGENT CERTIFICATE

In pursuance of the Florida Business Corporation Act, the following is submitted, in compliance with said statute:

That CONSTRUCTION INSURANCE PROGRAMS, INC., desiring to organize under the laws of the State of Florida, with its registered office, as indicated in the Articles of Incorporation at the City of Jacksonville, County of Duval, State of Florida, has named RAX CO., located at said registered office, as its registered agent to accept service of process and perform such other duties as are required in the State.

ACKNOWLEDGMENT:

Having been named to accept service of process and serve as registered agent for the above-stated Corporation, at the place designated in this Certificate, the undersigned, by and through its duly elected officer, hereby accepts to act in this capacity, and agrees to comply with the provision of said statute relative in keeping open said office, and further state that I am familiar with §607.0501, Florida Statutes.

RAX CO., a Florida corporation

By: 

G. Alan Howard, Vice President

DATED: July 3, 1996

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Fred H. Steffey, P.A.
Requestor's Name
1620 Southpoint Dr, South, #500
Address
Jacksonville FL 32216-0913
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/ Director
☒	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

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*****105.00 *****35.00

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

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TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of Sections 607.0501 and 607.0502, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

- 1a. The name of the corporation is **CONSTRUCTION INSURANCE PROGRAMS, INC.**
1b. The mailing address of the corporation is: **2727 Atlantic Boulevard, Jacksonville, FL 32247.**

1c. Date of incorporation: **July 3, 1996** Document number: **P960005647**

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

**RAX CO., a Florida corporation
50 North Laura Street, 3400 Barnett Center
Jacksonville, FL 32202**

3. The name and address of the new registered agent and office: (P.O. Box ☐ Acceptable)

**Fred H. Steffey
6620 Southpoint Dr. S., #300
Jacksonville, FL 32216-0913**

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its Board of Directors or by an officer so authorized by the Board.

CONSTRUCTION INSURANCE PROGRAMS, INC.

By: *Lee Ferguson*
LEE FERGUSON, PRESIDENT
(Printed or typed name and title)

Dated: 10-18-96

Having been named as registered agent and to accept service of process for the above stated corporation, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Fred H. Steffey
Fred H. Steffey

Dated: 10/21/96

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CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870

Mailing Address: Post Office Box 10349, Tallahassee, FL 32302

TOLL FREE No. 1-800-342-8062

FAX (904) 222-1222

NAME _____

FIRM _____

ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 31 PM 1:20

Dissolution
SF 12/31/96

RE: Capital Connection, Inc.
Propane, Inc.

	G.C. FEE	DISBURSED
Capital Express™		
Art. of Inc. File		
Corp. Record Search		
Ltd. Partnership File		
Foreign Corp. File		
☒ State Copy(s)		
Art. of Amend. File		
Dissolution/Withdrawal		
C U S.		
Fictitious Name File		
Name Reservation	100002042431	
Annual Report/Reinstatement	12/31/96 81064 821	
Reg. Agent Service	***140.00***	***35.00***
Document Filing		
Corporate Kit		
Vehicle Search		
Driving Record		
Document Fee Level		
UCC 1 or 3 Fil		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s _____ Copies		
Courier Service		
Shipping/Handling		
Phone () _____		
Top Priority		
Express Mail Prep.		
FAX () _____	pgs.	

SUBTOTALS

FEE	\$
DISBURSED	\$
SURCHARGE	\$
TAX on corporate supplies	\$
SUBTOTAL	\$
PREPAID	\$
BALANCE DUE	\$

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____

BY APD CK No. _____

WALK-IN
WH Pick Up 12/31/2000

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days: 18% per Annum

THANK YOU
from
Your Capital Connection

NOTARIES PUBLIC & CO.

**ARTICLES OF DISSOLUTION
OF
CONSTRUCTION INSURANCE PROGRAMS, INC.**

The undersigned, constituting a majority of the directors of **CONSTRUCTION INSURANCE PROGRAMS, INC.**, a Florida corporation, hereby adopt the following Articles of Dissolution on behalf of the corporation pursuant to F.S. §607.1401:

Article I. The name of the corporation is **CONSTRUCTION INSURANCE PROGRAMS, INC.**

Article II. The Articles of Incorporation of the corporation were filed on July 3, 1996.

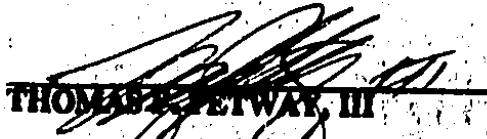
Article III. No shares of the stock of the corporation have been issued.

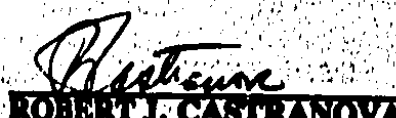
Article IV. No debt of the corporation remains unpaid.

Article V. A majority of the directors of the corporation by their execution of these Articles of Dissolution have authorized the dissolution.

Article VI. The effective date of this dissolution shall be December 31, 1996, or the date of the filing of these Articles of Dissolution, whichever shall last occur.

IN WITNESS WHEREOF, the undersigned have executed these Articles of Dissolution, the 24 day of December, 1996.


THOMAS F. PETWAY, III


ROBERT J. CASTRANOVA


LEE A. FERGUSON


CHRISTOPHER D. EMANS

STATE OF FLORIDA)

COUNTY OF DUVAL)

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the county and state aforesaid to take acknowledgments, personally appeared **THOMAS F. PETWAY, III** (Known to me ☒ or Type of Ident. & No. _____), **ROBERT J. CASTRANOVA** (Known to me ☒ or Type of Ident. & No. _____), **LEE A. FERGUSON**, (Known to me ☒ or Type of Ident. & No. _____), and **CHRISTOPHER D. EMANS**, (Known to me ☒ or Type of Ident. & No. _____), in their capacities as the directors of **CONSTRUCTION INSURANCE PROGRAMS, INC.**, and who executed the foregoing document, and they acknowledged before me that they executed the same for the purposes therein expressed.

WITNESS my hand and official seal this 24 day of DECEMBER, 1996.



MONICA LYNN KYLE
My Comm Exp. 7/10/99
Bonded By Service Inc
No. CC479034

(I Personally Know) (I Oath & B.)

 (SEAL)
NOTARY PUBLIC, State of Florida
PRINT NAME MONICA LYNN KYLE
My Commission Expires: