

P96 0000 58523

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 \$ _____

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	_____	_____	_____
TIME	_____	_____	CK No. _____
BY	_____	_____	_____

WALK-IN Will Pick Up 7/12 12:00

of No 53089

RE Emery Richardson
Insurance of Tampa, Inc.

- | | C.C. FEE. | DISBURSED |
|--|-----------|-----------|
| Capital Express™ | _____ | _____ |
| <input checked="" type="checkbox"/> Art. of Inc. File | _____ | _____ |
| Corp. Record Search | _____ | _____ |
| Ltd. Partnership File | _____ | _____ |
| Foreign Corp. File | _____ | _____ |
| <input checked="" type="checkbox"/> Cert. Copy(s) <u>photo</u> | _____ | _____ |
| Art. of Amend. File | _____ | _____ |
| Dissolution/Withdrawal | _____ | _____ |
| C U S | _____ | _____ |
| Fictitious Name File | _____ | _____ |
| Name Reservation | _____ | _____ |
| Annual Report/Reinstatement | _____ | _____ |
| Reg. Agent Service | _____ | _____ |
| Document Filing | _____ | _____ |
| Corporate Kit | _____ | _____ |
| Vehicle Search | _____ | _____ |
| Driving Record | _____ | _____ |
| Document Retrieval | _____ | _____ |
| UCC 1 or 3 File | _____ | _____ |
| UCC 11 Search | _____ | _____ |
| UCC 11 Retrieval | _____ | _____ |
| File No.'s. Copies | _____ | _____ |
| Courier Service | _____ | _____ |
| Shipping/Handling | _____ | _____ |
| Phone () | _____ | _____ |
| Top Priority | _____ | _____ |
| Express Mail Prep. | _____ | _____ |
| FAX () pgs. | _____ | _____ |

SEARCHED SERIALIZED
 07/12/96 0105 013
 C U S
 *****70.00 *****70.00

FILED
 96 JUL 12 AM 10:30
 TALLAHASSEE, FLORIDA
 97 JUL 12 AM 9:29
 TALLAHASSEE, FLORIDA

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

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

ARTICLES OF INCORPORATION

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:

EMERY RICHARDSON INSURANCE OF TAMPA, Inc.

ARTICLE II PRINCIPAL OFFICE

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

3821 Henderson Boulevard, Tampa, FL 33629-5013

FILED
95 JUL 12 AM 10:30
TALLAHASSEE, FLORIDA

ARTICLE III SHARES

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

1,000 shares.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Peter De Bello
240 Commercial Boulevard, 2nd Floor
Laud By The Sea FL 33308-4444

ARTICLE V INCORPORATOR(S)
See instructions for officers/directors

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

Peter De Bello
240 Commercial Boulevard, 2nd Floor
Laud By The Sea FL 33308-4444

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

16 day of July, 19 96.

P. De Bello Sec. Treasurer
Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
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: EMERY RICHARDSON INSURANCE OF TAMPA, FL

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

Peter De Bello

(NAME)

240 Commercial Boulevard, 2nd Floor

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Lauderdale By The Sea FL 33308-4444

(CITY/STATE/ZIP)

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)

7-10-96

(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

FILED
95 JUL 12 AM 10:30
TALLAHASSEE, FLORIDA