

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

SUBJECT: BROOKE	INSURANCE COMPA	NY. INC.		
1	(Proposed corporate	name - must include suffix)		
for :	578.75	ppy of the articles of incorporation and a check		
Filing Fee	Filing Fee & Certificate	Filing Fee Filing Fee, & Certified Copy Certified Copy		
		& Certificate		
		Additional Copy Required		
		THE SECOND		
FROM: Ami C. Bergman				
,,,,		(printed or typed) 网络克克		
	7451 W. Oa	ikland Park Blvd.		
		Address		
	Lauderhill	. Fl. 33319		
	City	y, State & Zip		
	954742-59	905		
	Daytime 1	Telephone number		

NOTE: Please provide the original and one copy of the articles.

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

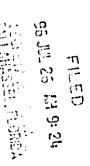
The name of the corporation shall be:

Brooke Insurance Company, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Ami C. Bergman 7451 W. Oakland Park Blvd. Lauderhill, F1 33319



ARTICLE III SHARES

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

5,000 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Ami C. Bergman 7451 W. Oakland Park Blvd. Lauderhill, F1 33319

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):

Nicholas R. Papp 8541 NW 47 Street Lauderhill, F1 33351

Prosident

Ami C. Borgman 7451 W. Oakland Park Blvd. Lauderhill, Fl 33319

Sec/Treas

The undersigned incor	porator(s) has(hav	e) executed these Articles of Incorporation this
22 day of	July	, , 19 <u>.96</u>
(An additional article m	nust be added if an	effective date is requested.)
<u>_ &</u>		Signature Jayp
	ack	Signature
		Signature

Notarization is not required

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	nis: Brooke Insurance Company, Inc.
2. The name and address of t	the registered agent and office is:
	Ami C. Bergman
	(NAME)
	7451 W. Oakland Park Blvd.
	(P.O. Box or Mail Drop Box NOT ACCEPTABLE)
	Lauderhill, F1 33319
	(City/State/Zip)
corporation at the place design agent and agree to act in this	stered agent and to accept service of process for the above stated nated in this certificate, I hereby accept the appointment as registered capacity. I further agree to comply with the provisions of all statutes plete performance of my duties, and I am familiar with and accept the registered agent.
Achines (Signature)	July 20, 1996 NATURE) (DATE)