

96000084031

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 \$ \_\_\_\_\_

RE: Citizens Insurance  
Agency Inc.

	C.C. FEE.	DISBURSED
Capital Express™		
Art. of Inc. File		
Corp. Record Search		
Ltd. Partnership File		
Foreign Corp. File		
Copy(s)		
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.		
SUBTOTALS		

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

REQUEST \_\_\_\_\_ TAKEN \_\_\_\_\_ CONFIRMED \_\_\_\_\_ APPROVED \_\_\_\_\_

DATE \_\_\_\_\_

TIME \_\_\_\_\_ CK No. \_\_\_\_\_

BY AAK

WALK-IN Will Pick Up 10-10-96 700

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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

October 10, 1996

CAPITAL CONNECTION, INC.  
417 E. VIRGINIA STREET  
SUITE 1  
TALLAHASSEE, FL 32301

SUBJECT: CITIZENS INSURANCE AGENCY, INC.  
Ref. Number: W96000021532

*(Corrected)*

We have received your document for CITIZENS INSURANCE AGENCY, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6926.

Teresa Brown  
Corporate Specialist

Letter Number: 996A00046278

*Please file as of 10/10/96*

RECEIVED  
96 OCT 11 AM 9 03  
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION  
OF  
CITIZENS UNDERWRITERS, INC.

The undersigned, for the purpose of forming corporation under the Florida General Corporation Act hereby adopt the following articles of incorporation:

ARTICLE ONE

The name of the corporation is: **CITIZENS UNDERWRITERS, INC.**

The address of the corporation is:

50 West Atlantic, Delray Beach, Florida 33444

ARTICLE TWO

The term of existence of the corporation is perpetual.

ARTICLE THREE

The corporation may transact any and all lawful business for which corporations may be incorporated under the Florida General Corporation Act, Chapter 607, Florida Statutes.

ARTICLE FOUR

The aggregate number of shares which the corporation has authority to issue is 500, all of which shall be common shares without par value.

ARTICLE FIVE

The street address of the initial registered office of the corporation is 50 West Atlantic, Delray Beach, Florida 33444, and the name of the initial registered agent is Dominic Oliver JR.

FILED  
96 OCT 10 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE SIX

The business of the corporation shall be managed by the stockholders of the corporation rather than by a board of directors.

ARTICLE SEVEN

The name and address of the incorporator is:

Dominic Oliver *JA*  
50 West Atlantic, Delray Beach, Florida 33444

ARTICLE EIGHT

The corporation shall be deemed to commence it's existence on October 10, 1996.

IN WITNESS WHEREOF, I have subscribed my name this 7th day of October, 1996.

*Dominic J. Oliver Jr.*  
Incorporator

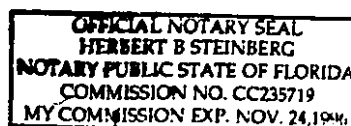
STATE OF FLORIDA )SS  
COUNTY OF BROWARD )

On this 7th day of October, 1996, before me, personally appeared Dominic Oliver, Jr. known to me to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purpose therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and seal.

*Herbert B. Steinberg*  
Notary Public

My commission #CC235719 expires:  
November 24, 1996



STATE OF FLORIDA  
DEPARTMENT OF STATE

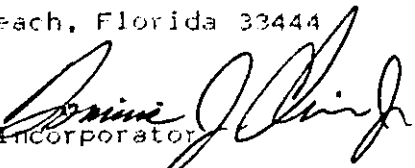
FILED  
96 OCT 10 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Certificate Designation Place of Business or Domicile of  
the Service of Process Within This State, Naming Agent  
upon whom Process May Served and Name and Address of the  
Incorporator.

The following is submitted in compliance with  
Chapter 48.091 and 607.034, Florida Statutes:

a corporation organized (organizing) under the laws of the  
State of Florida, with its initial registered office at  
50 West Atlantic, Delray Beach, Florida 33444 has named  
Dominic Oliver, Jr. its agent to accept service of  
process within this state.

Dominic Oliver  
50 West Atlantic, Delray Beach, Florida 33444

  
Incorporator

ACCEPTANCE:

HAVING BEEN NAMED to accept service of process  
for the above named corporation, at the place designated  
in this certificate, I hereby agree to act in this  
capacity, and I further agree to comply with the  
provisions of all statutes relative to the proper  
performance of my duties.

  
Resident Agent