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TALLAHASSEE, FLORIDA

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

700002014867--5 -11/26/96--01139--001 \*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee

**378.75** 

Filing Fee

& Certificate

□\$122.50

**□** \$131.25

Filing Fee

Filing Fcc,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

Susan Shrith
Name (Printed or typed)

5 TECHNOLOGY PARK, SHITE 107

(407) 805-8888

Daytime Telephone number

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

### TRANSMITTAL LETTER

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

| SUBJECT:  | SECONDARY UNDER                    | WETW WITING                           | ork, luc.   |  |
|---|------------------------------------|---------------------------------------|---|--|
|   | (Proposed corpora                  | te name - must include suff           | ix)   |  |
|   |                                    |                                       |   |  |
| Enclosed is an original and one(1) copy of the articles of incorporation and a check for: |                                    |                                       |   |  |
| \$70.00 Filing Fee  | \$78.75  Filing Fee  & Certificate | □\$122.50 Filing Fee & Certified Copy | ☐ \$131.25 Filing Fee, Certified Copy & Certificate |  |
|   |                                    | ADDITIONAL CO                         | PY REQUIRED   |  |
| FROM: SUSAN SHITH Name (Printed or typed)   |                                    |                                       |   |  |
| -   | 585 TECHNOLOGY Addition            | There Suite 10                        | <u> </u>  |  |
| _   | LAKE HARY FL<br>City, State        | 32746<br>& Zip                        |   |  |
| ~-  | (407) 805 - 888<br>Daytime Teleph  |                                       |   |  |

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

#### ARTICLES OF INCORPORATION

FILED

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SELICE DIN LOF STATE

The undersigned incorporator(s), for the purpose of forming a corporation under the Florale ASS hess ORIDA Corporation Act, hereby adopt(s) the following Articles of Incorporation.

> **ARTICLE I** NAME

The name of the corporation shall be:

SECONDARY UNCERWEITING NOTWORK, INC.

ARTICLE II PRINCIPAL OFFICE

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

585 TECHNOLOGY PACK, SUITE 107

LAKE HARY, FL 32746

ARTICLE III **SHARES** 

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

60,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SUSAN SHITH

SBS TECHNOLOGY PARK, SUITE 107 LAKE HARY, FL 32746

#### 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):

SUSAN SMITH 583 TECHNOLOGY PARK, SUITE 107 LAKE HARY, FL 32746

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

21 day of November, 1996.

(An additional article must be added if an effective date is requested.)

Susan A Smith Signature

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

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PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATE OF STATE 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: SECUNIDARY UNDERWRITING NETWORK          |
|----|--|
|    |  |
| 2. | The name and address of the registered agent and office is:              |
|    | Susan Smith  |
|    | (NAME)   |
|    | 585 TECHNOLOGY PACK SUITE 107 (P.O. Box or Mail Drop Box NOT ACCEPTABLE) |
|    | LAKE HARY FL 32746   |

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.

Susan A Stutt 1/2/196 (DATE)

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