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CORPORATION(S) NAME

Indurance

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CR2E031 (R8-85)

Verifier

Acknowledgment

W.P. Varifier

Empire Toll Free: 1-800-432-3028

ARTICLES OF INCORPORATION

FILED

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SECRETARY OF STATE
SECRETARY SEC. PLURIBA

The undersigned incorporator(s), for the purpose of forming a corporation white the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

EFFECTIVE DATE

ARTICLE I NAME

The name of the corporation shall be:

Insurance Consultants Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2721 Willowgate Ave. Orlando, FL 32822

ARTICLE III SHARES

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

500 shares at 100 Por Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

James Gany Mª Farland 2721 Willowsale Ave. Orlando, FL 32822

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):

James Gary Mª Farland 2721 Willowgate Ave. Orlando FL 32822

ARTICLEVI EFFECTIVE DATE

The effective date of the corporation shall be January 1, 1997

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

2 day of DEcember, 1996.

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

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 is:	Insurance Consultants	Services, Inc.
2. The name and address of the regis	stered agent and office is:	LER LER LER LER LER LER LER LER LER LER
- Jamo	Gan ME Farland	A 3: 29 STATE STATE
2721 (P.O. Bo	Di Hougate Ave	Ÿ
_ Orla	ndo FL 32822 (CITY/STATE/ZIF)	

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) 12/2/94
(Date)