

P97000003751
TRANSMITTAL LETTER

FILED

97 JAN -9 PM 2:20

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

SECRET
TALLAHASSEE, FLORIDA

100002005731--0

-11/15/96--01047--009

***122.50 ***122.50

SUBJECT: BEACON INSURANCE SERVICES, INC.

ENCLOSED IS AN ORIGINAL AND ONE (1) COPY OF THE ARTICLES OF INCORPORATION

____\$70.00	____\$78.75	<u>X</u> \$122.50	____\$131.25
Filing	Filing fee	Filing Fee	Filing Fee,
	& Certificate	& Certified Copy	Certified Copy
			& Certificate

W96-24464

ADDITIONAL COPY REQUIRED

FROM: DONNA M. LAIN

BEACON INSURANCE SERVICES, INC.
13003 SPRING HILL DRIVE
SPRING HILL, FLORIDA 34609

(352)- 686- 1995

TH
1-14-97



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 19, 1996

DONNA LAIN
13003 SPRING HILL DRIVE
SPRING HILL, FL 34609

SUBJECT: BEACON INSURANCE SERVICES, INC.
Ref. Number: W96000024464

We have received your document for BEACON INSURANCE SERVICES, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

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) 487-6927.

Kathy Hyman
Document Specialist

Letter Number: 996A00052600

**ARTICLES OF INCORPORATION
OF**

97 JAN -9 PM 2:20
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, THE UNDERSIGNED, HEREBY ORGANIZE FOR THE PURPOSE OF BECOMING A CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA, BY AND UNDER THE PROVISIONS OF THE STATUTES OF THE SAID STATE OF FLORIDA, PROVIDING FOR THE FORMATION, RIGHTS, PRIVILEGES, IMMUNITIES AND LIABILITIES OF CORPORATIONS FOR PROFIT.

ARTICLE I - NAME AND PRINCIPAL OFFICE

THE NAME OF THE CORPORATION SHALL BE:

BEACON INSURANCE SERVICES, INC

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THE CORPORATION SHALL BE:

**13001 SPRING HILL DRIVE
SPRING HILL, FLORIDA 34609**

ARTICLE II - DURATION

THIS CORPORATION SHALL EXIST PERPETUALLY, COMMENCING ON THE DATE OF EXECUTION AND ACKNOWLEDGMENT OF THESE ARTICLES.

ARTICLE III - PURPOSE

THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF FLORIDA'S GENERAL CORPORATION ACT.

ARTICLE IV - CAPITAL STOCK

THIS CORPORATION IS AUTHORIZED TO ISSUE 1000 SHARES OF \$1.00 PAR VALUE COMMON STOCK, WHICH SHOULD BE DESIGNED "COMMON SHARES".

ARTICLE V - CAPITAL

THE AMOUNT OF CAPITAL WITH WHICH THE CORPORATION WILL BEGIN BUSINESS SHALL BE \$1000.00.

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE OF THIS CORPORATION IS:

**BEACON INSURANCE SERVICES, INC.
13001 SPRING HILL DRIVE
SPRING HILL, FLORIDA 34609**

THE NAME OF THE INITIAL REGISTERED AGENT OF THIS CORPORATION AT THAT ADDRESS IS:

DONNA M LAIN

ARTICLE VII

THIS CORPORATION SHALL HAVE TWO (2) DIRECTORS INITIALLY. THE NUMBER OF DIRECTORS MAY BE INCREASED OR DIMINISHED FROM TIME TO TIME BY A MAJORITY VOTE OF THE STOCKHOLDERS, BUT IT SHALL NEVER BE LESS THAN ONE (1).

ARTICLE VIII

THE NAME AND STREET ADDRESSES OF THE MEMBERS OF THE FIRST BOARD OF DIRECTORS ARE AS FOLLOWS:

**DONNA M. LAIN
3236 PAINTERS STREET
SPRING HILL, FLORIDA 34606**

**CHRISTOPHER RUFFES
2506 COMMERCE AVENUE
SPRING HILL, FLORIDA 34609**

ARTICLE IX - INCORPORATORS

THE NAMES AND ADDRESS OF THE INITIAL SUBSCRIBERS SIGNING THESE ARTICLES ARE AS FOLLOWS:

**DONNA M. LAIN
3236 PAINTERS STREET
SPRING HILL, FLORIDA 34606**

ARTICLE X - AMENDMENT

THIS CORPORATION RESERVES THE RIGHT TO AMEND, ADDEND, OR REPEAL ANY PROVISIONS CONTAINED IN THESE ARTICLES OF INCORPORATION, OR ANY AMENDMENT HERETO, AND ANY RIGHT CONFERRED UPON THE SHAREHOLDER IS SUBJECT TO THIS RESERVATION.

ARTICLE XI - BY-LAWS

THE POWER TO ADOPT, ADDEND, AMEND, OR REPEAL BY-LAWS SHALL BE VESTED IN THE BOARD OF DIRECTORS AND THE SHAREHOLDERS.

ARTICLE XII - ADOPTION OF BY-LAWS

A SPECIAL MEETING OF THE SUBSCRIBERS OR THEIR ASSIGNS SHALL BE HELD, UPON THE CALL OF THE PRESIDENT, FOR THE PURPOSE OF COMPLETING THE ORGANIZATION OF THE CORPORATION AND THE ADOPTION OF THE BY-LAWS AND THE TRANSACTION OF SUCH OTHER BUSINESS AS MAY COME BEFORE THE MEETING.

ARTICLE XIII - TERMS OF ISSUING STOCK

SHARES TO BE ISSUED PURSUANT TO THESE ARTICLES OF INCORPORATION SHALL BE ISSUED UNDER THE TERMS, PROVISIONS AND CONDITIONS OF SECTION 1244 OF THE INTERNAL REVENUE CODE.

ARTICLE XIV - RESTRICTIONS ON TRANSFER OF STOCK

1000 SHARES OF CAPITAL STOCK OF THIS CORPORATION SHALL BE ISSUED INITIALLY TO THE FOLLOWING PERSONS IN THE AMOUNTS SET OPPOSITE THEIR NAMES:

DONNA M. LAIN **255 SHARES**

CHRISTOPHER RUFFES **245 SHARES**

1000 SHARES HELD BY THE INITIAL SHAREHOLDERS LISTED ABOVE MAY NOT BE RESOLD OR OTHERWISE TRANSFERRED TO OTHER PERSONS UNLESS SUCH SHARES ARE FIRST OFFERED TO THE REMAINING SHAREHOLDERS OR TO THIS CORPORATION. THE PRICE AND TERMS AT WHICH, AND THE TIME WITHIN WHICH, SUCH SHARES MAY BE OFFERED AND SOLD SHALL BE FURTHER SPECIFIED BY WRITTEN AGREEMENT AMONG ALL OF THE SHAREHOLDERS AND THIS CORPORATION.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY NAME AND
AFFIXED MY SEAL TO THESE ARTICLES OF INCORPORATION, ON THIS 9th
DAY OF JANUARY, 19 97.

Donna M. Lain
DONNA M. LAIN

STATE OF FLORIDA
COUNTY OF HERNANDO

BEFORE ME PERSONALLY APPEARED Donna M. Lain TO ME WELL
KNOWN AND KNOWN TO ME TO BE THE PERSON DESCRIBED IN AND WHO EXECUTED THE
FOREGOING INSTRUMENT, AND ACKNOWLEDGED TO AND BEFORE ME THAT HE/SHE
EXECUTED SAID INSTRUMENT FOR THE PURPOSES THEREIN EXPRESSED.

WITNESS MY HAND AND OFFICIAL SEAL, THIS 9th DAY OF January,
19 97.

Barbara G. Adams
NOTARY PUBLIC STATE OF FLORIDA
OFFICIAL NOTARY SEAL
BARBARA G ADAMS
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC335279
PRINT, TYPE OR STAMP NAME OF NOTARY

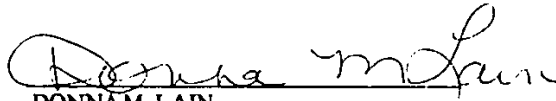
PERSONALLY KNOWN _____ OR
TYPE OF IDENTIFICATION PRODUCED FL. DRIVER LIC. # 250017361967

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICES OF PROCESS WITHIN THIS STATE
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

PURSUANT TO CHAPTER 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA WITH ITS
PRINCIPAL OFFICE AS INDICATED IN THE ARTICLES OF INCORPORATION AT
13001 SPRING HILL DRIVE SPRING HILL, COUNTY OF HERNANDO, STATE OF
FLORIDA, HAS NAMED DONNA M. LAIN, AT THAT ADDRESS, AS ITS AGENT TO
ACCEPT SERVICE OF PROCESS WITHIN THIS STATE.

ACKNOWLEDGMENT: HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE
ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I
HEREBY AGREE TO ACT IN THIS CAPACITY AND AGREE TO COMPLY WITH THE
PROVISIONS OF THE SAID ACT RELATIVE TO KEEPING OPEN SAID OFFICE.


DONNA M. LAIN

REGISTERED AGENT

FILED
97 JAN -9 PM 2:25
TALLAHASSEE, FLORIDA

Having been named a s Registered Agent and to accept service of process for the enclosed stated corporation at the place designated in this certificate.

I hereby accept the appointment as registered agent and agreed 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.

SWORN TO and SIGNED this 14 Day of January, 1997.

SIGNATURE:


Registered Agent, Donna M. Lain
Beacon Insurance Services, Inc.
13003 Spring Hill Drive
Spring Hill, Fl. 34609


Notary Public

