## 791000046193

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

100002188031--4 -05/22/97--01060--002 \*\*\*\*\*70.00 \*\*\*\*\*\*70.00

SUBJECT:	TNSUP-HNCE SU (Proposed corpor	PPORT SERVICE	S INC	_				
	(Proposed corpor	ate name - must include suff	nx)					
Enclosed is an orig	inal and one(1) copy of the article	s of incorporation and a	check for :					
\$70.00 Filling Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate					
		ADDITIONAL CO	PY REQUIRED					
FROM: JANET MURPHY Name (Printed or typed)								
West PALM BEACH FLORIDA 33405								
City, State & Zip								
-	561 - 585-6847 Daytime Telep	hone number		CONFORATION				

W

DOD 5/23

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

ARTICLES OF INCORPORATION

97 May 22 PH 2:

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business 4 Corporation Act, hereby adopt(s) the following Articles of Incorporation.

> ARTICLE I **NAME**

The name of the corporation shall be:

INSURANCE SUPPORT SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

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

333 NATHAN HALE ROAD WEST PALM BEACH, FURIDA 33405

ARTICLE III **SHARES** 

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

20

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JANET MURPHY 355 NATHAN HALE ROAD WEST PALM BEACH, FLORIDA 33405

## 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):

JANET MURPHY

333 NATHAN HHIE ROAD

WEST PALM BEACH, PURIOR

33405

The unde	ersigned inco	orporator(s) has(hav	e) executed these Article	s of Incorporation this
12	day of	MAY	, 19 97	
(An addi	tional article	must be added if a	n effective date is requeste	ed.)
		' Jant	a Wyyphy 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

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	SUPPORT	services	INC.
The name and address of the registered ag	gent and office is:			
		MURPHY		
	(NAME) 333 A	VATHAN H	ALE RO	<del>1</del> 0
(P. O. Box or M	fail Drop Box NOT ACCEPTABLE)			
	WEST PALM	BEACH, FU	RUDA 33	405
	(CITY/STATE/ZIP)	<del></del> ,		
Having been named as registered agent and at the place designated in this certificate, I to act in this capacity. I further agree to coand complete performance of my duties, and as registered agent.	hereby accept the appointment mply with the provisions of all	t as registered ag I statutes relating	ent and agree to the proper	
Signature)	<u> </u>	5/12/97 (DATE)		