CAPITAL CONNECTION, INC. 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 800-342-8062 • Fax (904) 222-1222 500002199615--7 -06/03/97--01048--023 Lunder wreters, 'Inc. \*\*\*\*\*70.00 \*\*\*\*\*70.00 Art of Inc. File\_\_\_ LTD Partnership File\_ Foreign Corp. File, L.C. File\_\_ Fictitious Name File Name Reservation\_ Merger File\_ Art. of Amend. File, RA Resignation Dissolution / Withdrawal\_ Annual Report / Reinstatement\_ Cert. Copy\_\_\_ Photo Copy\_ Certificate of Good Standing\_ Certificate of Status\_ Certificate of Fictitious Name Corp Record Search Officer Search\_ Fictitious Search\_ Fictitious Owner Search\_ Signature Vehicle Search\_ Driving Record\_\_ Requested by: UCC 1 or 3 File\_\_\_ UCC 11 Search Name

Walk-In \_\_\_\_\_

Will Pick Up

UCC 11 Retrieval\_\_\_\_

Courier\_\_\_\_

TALLAHASSEF FLORE

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

ARTICLE ONE Corporation Act hereby adopt the following articles of incorporation:

The name of the corporation is CIUINSURANCE UNDERWRITERS, INC.

ARTICLE TWO

The address of the corporation is:

2166 10th Ave North, Lake Worth, Florida 33461.

ARTICLE THREE

The number of shares that this corporation is authorized to have outstanding at any one time is 500. All will be common without par value.

ARTICLE FOUR

The name and Florida address of the initial registered agent is:

Kristen Lowry 2166 10th Ave North, Lake Worth, Florida 33461

ARTICLE FIVE

The name and address of the incorporator to these Articles of Incorporation is:

Kristen Lowry

2166 10th Ave North

Lake Worth, Florida 33461.

Signature/Incorporator

**ARTICLE SIX** 

The Corporation shall be deemed to commence it's existence on \_June 2, 1997\_\_\_\_\_.

## ARTICLES OF INCORPORATION "C I U INSURANCE UNDERWRITERS, INC"

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 statutes relating to the proper and complete 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/Registered Agent

Date

97 JUN -3 PH 1:29 SECRETARY OF STATE