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97 JUN 30 PM 4:21

June 23, 1997 TALLAHASSEE, FLORIDA

Division of Corporations  
Florida Department of State  
P.O. Box 6327  
Tallahassie, Fl 32314

To whom it may concern,

900002226959--2  
-06/30/97--01158--016  
\*\*\*\*122.50 \*\*\*\*122.50

Enclosed are the Articles of Incorporation of ABLE TITLE  
INSURANCE CO. along with the a check in the amount of \$122,50 to  
cover the filing fees.

Please process these as soon as possible. Should you need to  
contact me I can be reached days at 941-485-922.

Thank you,



Thomas G. Accardi  
Registered Agent

OK 7/1/97

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF

ABLE TITLE INSURANCE CO.

The undersigned subscriber(s) to these Articles of Incorporation, competent to contract, hereby form(s) a corporation under the laws of the State of Florida.

ARTICLE I NAME

The name of the corporation shall be:

ABLE TITLE INSURANCE CO.

The principal place of business of this corporation shall be:

332 U.S. 41 Bypass So.  
Venice, FL 34292

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, county, territory or nation.

ARTICLE III CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 7,500 shares of common stock having a par value of \$1.00 per share.

ARTICLE IV REGISTERED AGENT AND OFFICE

The street address of the initial registered office of the corporation shall be:

3139 Chestnut Road  
Venice, FL 34293

and the name of the initial registered agent of the corporation at that address is:

Thomas G. Accardi  
3139 Chestnut Road  
Venice, FL 34293

## ARTICLE V TERM OF EXISTENCE

This corporation is to exist perpetually.

## ARTICLE VI OFFICERS AND DIRECTORS

This corporation shall have 4 officer(s) and director(s), initially. The name(s) and street address(es) of the initial officer(s) and director(s) who shall hold office for the first year of the corporation, or until their successor is elected, are:

Thomas G. Accardi, President  
3139 Chestnut Road  
Venice, Fl 34293

Joseph Kowalczyk, Vice President  
2740 Siesta Drive  
Venice, Fl 34293

Louis T. Nargi, Treasurer  
1329 Pinebrook Way  
Venice, Fl 34292

Darlene Kowalczyk, Secretary  
2740 Siesta Drive  
Venice, Fl 34293

Christine Accardi, Director  
3139 Chestnut Road  
Venice, Fl 34293

Carol R. Nargi, Director  
1329 Pinebrook Way  
Venice, Fl 34292

## ARTICLE VII INCORPORATOR(S)

The name(s) and street address(es) of the Incorporator(s) to these Articles of Incorporation are:

Thomas G. Accardi  
3139 Chestnut Road  
Venice, Florida 34293

Christine Accardi  
3139 Chestnut Road  
Venice, Fl 34293

Joseph Kowalczyk  
2740 Siesta Drive  
Venice, Fl 34293

Darlene Kowalczyk  
2740 Siesta Drive  
Venice, Fl 34293

Louis T. Nargi  
1329 Pinebrook Way  
Venice, Fl 34292

Carol R. Nargi  
1329 Pinebrook Way  
Venice, Fl 34292

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IN WITNESS WHEREOF, the undersigned subscriber(s) has (have) executed these Articles of Incorporation this **23** day of **JUNE**, 19**97**.

[Signature]  
Incorporator

[Signature]  
Incorporator

[Signature]  
Incorporator

[Signature]  
Incorporator

[Signature]  
Incorporator

[Signature]  
Incorporator

STATE OF FLORIDA  
COUNTY OF

Before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared,

known to me and known by me to be the person(s) who executed the foregoing Articles of Incorporation, and he (she) (they) acknowledged before me that he (she) (they) executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this **25<sup>th</sup>** day of **June**, 19**97**.

[Signature]  
Notary Public

My Commission Expires:

(SEAL)



Bonnie Campanale  
MY COMMISSION # CC508750 EXPIRES  
October 30, 1999  
BONDED THROUGH TROY FAIR INSURANCE, INC.

Having been named to Accept Service of Process for the above state corporation, at the place designated in these Articles, I Hereby agree to act in this capacity, and I further agree to comply with the provisions of all Statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 607.325 Florida Statutes.

[Signature]  
Registered Agent