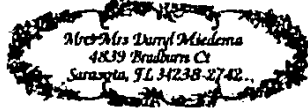


# P97000085077

Requestor's Name



City/State/Zip

Phone #

Office Use Only

97 OCT -1 AM 8:59

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

600002308426--6  
-10/01/97--01046--017  
\*\*\*\*122.50 \*\*\*\*122.50

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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ARTICLES OF INCORPORATION  
FOR  
FLORIDA INSURANCE NETWORK, INC.

ARTICLE ONE

The name of the corporation is FLORIDA INSURANCE NETWORK, INC.

ARTICLE TWO

The period of duration is perpetual.

ARTICLE THREE

The purpose of this corporation is to transact all lawful business.

ARTICLE FOUR

The aggregate number of shares which the corporation shall have the authority to issue is 1000 shares with a One Dollar (\$1.00) par value.

ARTICLE FIVE

The mailing address of the corporation is: 4839 Bradburn Court, Sarasota, Fl. 34238.  
The name of the initial registered agent is Darryl W. Miedema. The address of the registered agent and registered office is 4839 Bradburn Court, Sarasota, Fl. 34238.

ARTICLE SIX

The number of initial director is one (1) and the name and address of the director is:

Darryl Miedema	4839 Bradburn Court
	Sarasota, Fl. 34238

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

ARTICLE SEVEN

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The name and address of the incorporator is:

Darryl W. Miedema

4839 Bradburn Court  
Sarasota, Fl. 34238

Darryl W. Miedema  
Darryl W. Miedema, Incorporator

STATE OF FLORIDA  
COUNTY OF SARASOTA

THE FOREGOING instrument was acknowledged before me this 29th day of September, 1997, by Darryl W. Miedema, to be known or who presented Florida Driver License as identification and who personally appeared before me at the time of notarization and who did/did not take an oath.



Shari L. Double  
Shari L. Double  
Signed/Printed Name of Notary

Personally Known: \_\_\_\_\_; or Producing Identification ADL#

TYPE OF IDENTIFICATION PRODUCED Florida Driver License

ACCEPTANCE OF DESIGNATION  
REGISTERED AGENT / REGISTERED OFFICE

I, the undersigned person, having been named as registered agent and to accept the service of process for the above-stated corporation at the place designated in this statement, 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, I am familiar with and accept the obligations of my position as registered agent.

Darryl W. Miedema  
Darryl W. Miedema, Registered Agent

Date: \_\_\_\_\_