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

Insurance Coordinating Consultants Inc.
(Proposed corporate name—must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee \$78.75 Filing Fee & Certificate \$122.50

Filing Fee & Certified Copy \$131.25

Filing Fee, **Certified Copy** & Certificate

ADDITIONAL COPY REQUIRED

FROM: Ericka A. Schmidt
Name (Printed or typed)

2206 Champions Way

North Lauderdale FL 33068
City, State & Zip

954/726.6016 Daytime Telephone number

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.



ART	ICLE	I	NA	ME

The name of the corporation shall be:

Insurance Coordinating Consultants, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 2206 Champion's Way
North Lauderdale, FC 33068

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

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Ericka A. Schmidt 2206 Champions Way North Lauderdale, FL 33068

ARTICLE V INCORPORATOR

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

Ericha A. Schmidt 2200 Champions Way

North Lauckerdale F

10122197

(An additional article must be added if an effective date is requested.)

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 performance of my duties, and I am familiar with and accept the obligations of my position agregistered agent

Signature/Registered Agent