

P970000 92397

DATE 10/24/97

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

FILED  
97 OCT 27 PM 12:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: FOUNDATION INSURANCE SERVICES, Inc. ✓

000002329700--5  
-10/27/97--01013--010  
\*\*\*\*122.50 \*\*\*\*122.50

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

FOUNDATION INSURANCE SERVICES, INC.

ENCLOSURE OCT 28 1997

MAILING ADDRESS OF CORPORATION		
3616 HARDEN BLVD.		
SUITE 185, LAKE LAND, FL. 33803		
PHONE		
(941) 644-8107		
Area Code	Number	Ext.

# ARTICLES OF INCORPORATION

of

FOUNDATION INSURANCE SERVICES, INC.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

## ARTICLE I - CORPORATE NAME

The name of the corporation is:

FOUNDATION INSURANCE SERVICES, INC.

## ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

## ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

## ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 1000 shares of common stock, par value \$ 1.00 per share.

## ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS <u>3616 HARDEN BLVD.</u>		
<u>SUITE 185</u>		
CITY <u>LAKE LAND</u>	FLORIDA	ZIP <u>33803</u>

Mailing address, if different

STREET ADDRESS		
CITY	FLORIDA	ZIP

## ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME <u>JOHN BENNETT</u>		
ADDRESS <u>3616 HARDEN BLVD., BOX 185 SUITE 185</u>		
CITY <u>LAKE LAND</u>	FLORIDA	ZIP <u>33803</u>

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### ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have TWO (02) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	WAYNE CARROLL		
ADDRESS	3957 CYPRESS LANDINGS WEST		
CITY	WINTER HAVEN	STATE	FLORIDA ZIP 33884
NAME	JOHN BENNETT		
ADDRESS	3616 HARDEN BLVD., SUITE 185		
CITY	LAKE LAND	STATE	FLORIDA ZIP 33803
NAME			
ADDRESS			
CITY		STATE	ZIP

### ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	WAYNE CARROLL		
ADDRESS	3957 CYPRESS LANDINGS WEST		
CITY	WINTER HAVEN	STATE	FLORIDA ZIP 33884
NAME	JOHN BENNETT		
ADDRESS	3616 HARDEN BLVD., SUITE 185		
CITY	LAKE LAND	STATE	FLORIDA ZIP 33803
NAME			
ADDRESS			
CITY		STATE	ZIP

The undersigned incorporator(s) have executed these Articles of Incorporation this 24<sup>th</sup> day of OCTOBER, 19 97.

Wayne Carroll (Signature)  
John Bennett (Signature)  
\_\_\_\_ (Signature)

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/ REGISTERED OFFICE

FOUNDATION INSURANCE SERVICES, INC.  
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 3616 HARDEN BLVD., SUITE 185  
LAKELAND, FL. 33803

has named JOHN BENNETT

located at the aforesaid address, as its registered agent to accept service of process within this state.

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Having been named as registered agent and to accept service of process for the above 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 as registered agent.

  
(Signature)

10/24/97  
(Date)