

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

SUBJECT:	INSURANCE	Services No	erwordk, Inc	<u> </u>
SUBJECT: Insurance Services Nerwork, Inc. (Proposed corporate name - must include suffix)				
		Z	200002502 -04/28/980 ****131.25	1021)1013004 ****131.25
Enclosed is an original	and one(1) copy of the artic	cles of incorporation and	a check for:	1
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	OPY REQUIRED	
FROM:	Dean S Name (T. Monette (Printed or typed)		
11176 Royal Palm Blvd Address Coval Springs, FL 33065 City, State & Zip				
				194
	(954) 346 - 6/40 Saytime Telephone number		STATE STATE	2705 TO

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

Articles of Incorporation

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

Article I Name

The name of the corporation shall be:

Insurance Services Network, Inc.

Article II Principal Office

The principal place of business and mailing address of this corporation shall be:

11176 Royal Palm Boulevard Coral Springs, Florida 33065

Article III Shares

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

1000 shares

Article IV Initial Registered Agent and Address

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

Dean J. Monette 11176 Royal Palm Boulevard Coral Springs, Florida 33065

Article V Incorporator

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

Michael T. Kelly 1970 Oak Bark Trail Williamston, Michigan 48895



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 as registered agent.

Signature/Régistered Agent Date