CAPITAL CONNECTION, INC.

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417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

19990000 4687/

Ross + Associates Insurance Services

Signature

Requested/by

Name

Walk-In

Will Pick Up

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	Art of Inc. File	
<u> </u>	LTD Partnership File	
	Foreign Corp. File	17 SE 198
	L.C. File	LAR F
	Fictitious Name File	7 2 C
	Trade/Service Mark	
·····	Merger File	FLOOM 3
	Art. of Amend. File	- 52 - 52
	RA Resignation	—
	Dissolution / Withdrawal	to the second se
	Annual Report / Reinstatement	
	Cert. Copy	
<u>~</u>	Photo Copy	
	Certificate of Good Standing	<u> </u>
	Certificate of Status	
	Certificate of Fictitious Name	
	Corp Record Search	<u> </u>
	Officer Search	
	Fictitious Search	
	Fictitious Owner Search	
	Vehicle Search	
	Driving Record	<u>.</u>
	UCC 1 or 3 File	~
	UCC 11 Search UCC 11 Retrieval Courier	- 31/-26/98
	UCC 11 Retrieval	- (M5)
	Courier	76

ARTICLES OF INCORPORATION OF

ROSS & ASSOCIATES INSURANCE SERVICES, INC.

ARTICLE I : NAME

The name of this corporation is :

ROSS & ASSOCIATES INSURANCE SERVICES, INC.

ARTICLE II : Principal office

The principal place of business and mailing address of the corporation shall be: 13582 Imperial Groves Dr. S.

Largo F1. 33774

ARTICLE III : Capital Stock

The maximum number of shares of stock that this corporation is authorized to have outstanding any time shall consist of 10,000 shares of common stock having a par value of \$1.00 per share.

ARTICLE IV: Initial Registered Agent and Street Address The name and address of the initial registered agent is:

> Lee Ross 13582 Imperial Groves Dr. S. Largo Fl. 33774

 $$\operatorname{ARTICLE}\ V:\ \operatorname{Incorporator}\ $\operatorname{Incorporator}\ $\operatorname{Articles}\ \operatorname{of}\ \operatorname{Incorporator}\ $\operatorname{Incorporator}\ $\operatorname{Incorpo$

Judith M. Smith 13582 Imperial Groves Dr. S. Largo Fl. 33774

The undersigned incorporator has executed these Articles of Incorporation this 2λ day of MAY 1998.

Signature)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the corporation is:
 ROSS & ASSOCIATES INSURANCE SERVICES, INC.
- 2. The name and address of the registered agent and office is:

Lee Ross 13582 Imperial Groves Dr. S. Largo Fl. 33774

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)

Date)

<u>-</u>

98 MAY 26 PM 3-52
SECRETARY OF STATE