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Network Accounting Services, Inc.

8800 - 133rd Avenue North, Suite 16
Largo, Florida 33773
(813) 536-2088

TRANSMITTAL LETTER

May 19, 1998

500002554085-2
-06/10/98-01013-012
***122.50 ***122.50

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

RE: **FLORIDA INSURANCE CONSULTANTS, INC.**

Dear Sir/Madam:

Enclosed please find an original and one (1) copy of the articles of incorporation and a check for \$122.50 with regard to the above.

Please contact this office with any questions you may have.

Very truly yours,
NETWORK ACCOUNTING SERVICES, INC.

Donna S. Tavares

Donna S. Tavares

DST/
Enclosures

98 JUN 23 AM 9:40
F11 1510
SECRETARY OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

June 12, 1998

NETWORK ACCOUNTING SERVICE, INC.
8800 - 133 AVENUE NORTH
SUITE 16
LARGO, FL 33773

SUBJECT: FLORIDA INSURANCE CONSULTANTS, INC.
Ref. Number: W98000013558

We have received your document for FLORIDA INSURANCE CONSULTANTS, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6933.

Dana Calloway
Document Specialist

Letter Number: 398A00032978

**ARTICLES OF INCORPORATION
OF
*CENTRAL FLORIDA INSURANCE CONSULTANTS, INC.***

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

ARTICLE I: NAME

The name of the corporation shall be:

CENTRAL FLORIDA INSURANCE CONSULTANTS, INC..

ARTICLE II: PRINCIPAL OFFICE

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

*4632 U.S. HIGHWAY 19
NEW PORT RICHEY, FL 34652*

ARTICLE III: SHARES

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

100

ARTICLE IV: OFFICERS

The officers of said corporation shall be as follows:

LES LEBEDA: PRESIDENT

**ARTICLE V: INITIAL REGISTERED AGENT AND
STREET ADDRESS**

The name and address of the initial registered agent is:

*LES LEBEDA
4632 U.S. HIGHWAY 19
NEW PORT RICHEY, FL 34652*

ARTICLE VI: INCORPORATOR(S)

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

*LES LEBEDA
4632 U.S. HIGHWAY 19
NEW PORT RICHEY, FL 34652*

CORRECT SPELLING: *LES LEBEDA*

The undersigned incorporator has executed these Articles of Incorporation this _____
day of 8/28, 1998.



Signature

ARTICLES OF INCORPORATION

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT / REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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:

CENTRAL FLORIDA INSURANCE CONSULTANTS, INC.

2. The name and address of the registered agent and office is:

**LES LEBEDA
4632 U.S. HIGHWAY 19
NEW PORT RICHEY, FL 34652**

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