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A PARTNERSHIP INCLUDING PROFESSIONAL ASSOCIATIONS

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July 29, 1998

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Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

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-08/06/98--01048--005  
\*\*\*\*122.50 \*\*\*\*122.50

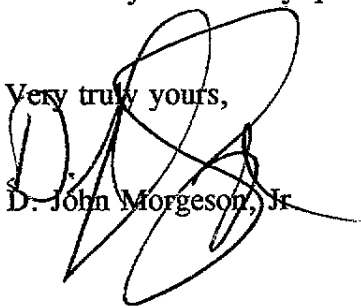
Re: CU Insurance Professionals, Inc.

Dear Sir or Madam:

Enclosed is the signed original and one signed copy of the Articles of Incorporation of the above corporation. We have also enclosed a check in the amount of \$122.50 for the filing and certified copy fees.

Please process this at your earliest convenience and return the certified copy of the Articles of Incorporation to this office.

Thank you in advance for your assistance. If you have any questions, please do not hesitate to contact the undersigned.

Very truly yours,  
  
D. John Morgeson, Jr.

DJM  
Enclosure

8-11-98  


FILED  
98 AUG -6 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF  
CU Insurance Professionals, Inc.

FILED  
98 AUG -6. AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida and adopts the following Articles of Incorporation for such corporation:

ARTICLE I  
NAME AND PRINCIPAL ADDRESS OF CORPORATION

The name of the corporation is: **CU Insurance Professionals, Inc.** The principal place of business, and mailing address of the corporation is: 343 Lake Road, Lake Mary, Florida 32746.

ARTICLE II  
NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, county, territory or nation.

ARTICLE III  
CAPITAL STOCK

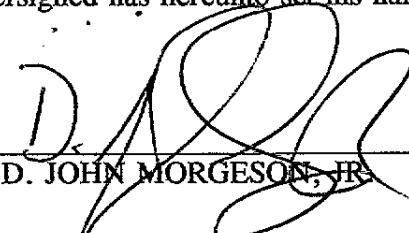
The maximum number of shares of stock that this corporation is authorized to have outstanding at one time is one hundred (100) shares of common stock having a par value of \$1.00 per share.

ARTICLE IV  
ADDRESS

The name and street address of the registered agent of the corporation is: D. John Morgeson, Jr., Esquire, 332 North Magnolia Avenue, Orlando, Florida 32802.



29<sup>th</sup> IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal the day of JULY, 1998.

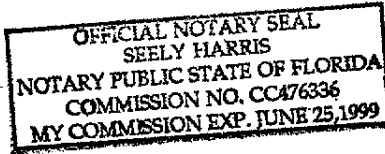
  
D. JOHN MORGESON, JR.

STATE OF FLORIDA  
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 29<sup>th</sup> day of July, 1998, by D. John Morgeson, Jr. who, is personally known to me ~~or who~~ has provided \_\_\_\_\_ as identification, and who did take an oath.


  
Notary Public Signature

\_\_\_\_\_  
Notary Public Printed Name  
My Commission Expires:



ACCEPTANCE BY REGISTERED AGENT

The undersigned hereby accepts the foregoing appointment as Registered Agent for CU Insurance Professionals, Inc.

  
D. John Morgeson, Jr., Esquire  
332 North Magnolia Avenue  
Orlando, Florida 32802

FILED  
98 AUG -6 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA