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TO: DIVISION OF CORPORATIONS FAX #: (850)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT PHONE: (305)541-3694

FAX #: (305)541-3770

NAME: INSURANCE SOLUTIONS, INC.

AUDIT NUMBER...... H98000021039

DOC TYPE......FLORIDA PROFIT CORPORATION OR P.A.

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# FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

November 12, 1998

EMPIRE

TAMPAT

SUBJECT: INSURANCE SOLUTIONS, INC.

REF: W98000025483

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

If you have any further questions concerning your document, please call (850) 487-6904.

Freida Chesser Corporate Specialist FAX Aud. #: H98000021039 Letter Number: 298A00054625

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#### ARTICLES OF INCORPORATION

OF

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INSURANCE SOLUTIONS OF TAMPA, INC SECRETARY OF STATE TALLAHASSEE, FLORIDA These Articles are in compliance with Chapter 607, F.S.

#### Article I

The name of this corporation shall be:

INSURANCE SOLUTIONS OF TAMPA, INC.

#### Article II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

#### Article III

The principal place of business and mailing address of this corporation shall be: 3112 LAWN AVENUE TAMPA, FL 33611

#### Article IV

The general nature of business of this corporation is to transact any and all lawful business.

#### Article V

The number of shares which this corporation shall have authority to issue is 100,000 shares, having an individual par value of \$.10

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

#### Article VI

The name and street address of the initial Registered Agent of this corporation shall be: JEFFREY DREW BUTT, ESQUIRE 201 EAST KENNEDY BLVD., #1000 TAMPA, FL 33602

PREPARED BY: RAY STORMONT, EMPIRE CORPORATE KIT COMPANY 1492 W. FLAGLER STREET, #200, MIAMI, FLORIDA 33135 (305) 541-3694

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#### Article VII

The initial board of Directors shall consist of a total of 4 person(s) and the name and address of the person(s) who are to serve as an initial director(s)

JEFFREY T. COPPER DIR./PRES./SEC.

31121 LAWN AVENUE TAMPA, FL 33611

JEFFREY DREW BUTT DIR./TREAS. 201 E. KENNEDY BLVD., #1000 TAMPA, FL 33602

TALIAFERRO T. COPPER DIR.

7278 O'KEEFE RD. BEALETON, VA 22712

MARTHA AGEE DIR.

509 W. BIRD ST. TAMPA, FL 33604

#### Article VIII

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

EMPIRE CORPORATE KIT OF AMERICA, INC. 1492 WEST FLAGLER STREET #200 MIAMI, FL 33135

The undersigned has executed these Articles of Incorporation this <u>12TH</u> day of <u>NOVEMBER</u>, 1998.

/ Incorporator
Ray Stormont, President

Signing for Empire Corporate Kit of America, Inc.

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### PE01600008PH

### CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Fursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits, organized under the statement in designating the registered office/registered agent, in the state of Florida.

<del></del>
First that Insurance Solutions of Tampa, Inc. (Name of Corporation)
desiring to organize under the laws of the State of PLORIDA (Florida)
with its principal office, as indicated in the articles of
incorporation has named Jeffrey Drew Butt (Name of Registered Agent)
located at 201 E Vernady Blud Sufte 1000
County of Willsborough
City of(County)
(City)
State of Florida, as its agent to accept service of process within this state.
HAVING BREN MAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE. I HEREST ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THE CAPACITY. I FURTHER AGREE TO COMPLY MITH 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

Registered Agen

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