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Joseph E. Roth  
Certified Public Accountant  
8695 College Parkway, Suite 305  
Fort Myers, FL 33919  
PH (941)466-6590  
FX (941)466-9489

FILED  
98 DEC -4 PM 1:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

December 2, 1998

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

600002703586-8  
-12/04/98--01087--019  
\*\*\*\*122.50 \*\*\*\*\*78.75

Re: Personal Risk Management Associates, Inc.

Dear Sirs:

Enclosed find two copies of Articles of Incorporation for the above corporation and a \$122.50 check for the filing fee.

Please mail me the approved copy at the above address.

Please advise if you need additional information.

Respectfully,

*Joseph E. Roth*

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## **ARTICLES OF INCORPORATION**

The undersigned incorporators for the purpose of forming a corporation under the Florida Business Act, hereby adopts the following Articles of Incorporation.

### **ARTICLE I NAME**

The name of the Corporation shall be: **Personal Risk Management Associates, Inc**

### **ARTICLE II PRINCIPAL OFFICE**

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

**16320 Kelly Woods Drive  
Fort Myers, Florida 33908**

### **ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 10,000 shares \$1 par, common stock and 10,000 shares \$1 preferred, non-voting stock.

### **ARTICLE IV INITIAL REGISTERED AGENT**

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

**John Guba  
16320 Kelly Woods Drive  
Ft. Myers, Florida 33908**

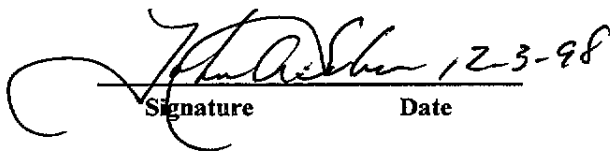
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## ARTICLE V INCORPORATOR

The name and address of the incorporators to these Articles of Incorporation are:

**John Guba**  
16320 Kelly Woods Drive  
Ft. Myers, Florida 33908

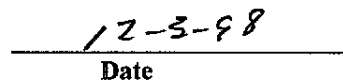
**Donald Painter**  
12941 Cherrydale Court  
Ft. Myers, Florida 33919

  
Signature Date

  
Signature Date

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/Registered Agent

  
Date

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