

P99000042716

CAPITAL CONNECTION, INC.

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

Insurance Management Associates, Inc.

100002870831--0

-05/11/99-01036-002

*****78.75 *****78.75

RECEIVED

99 MAY 11 AM 9:56

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Signature _____

Requested by: *CD*

Name _____

Date *5/11*

Time *9:30*

Walk-In _____

Will Pick Up _____

- ☒ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- ☒ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier *10:30 AM MAY 11 1999*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1999 MAY 11 PM 12:42

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1999 MAY 11 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

of

INSURANCE MANAGEMENT ASSOCIATES, INC.

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

INSURANCE MANAGEMENT ASSOCIATES, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue One Thousand (1000) shares .001 Dollar(s) (\$.001) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

ANN T. FRANK, P.A.
2124 AIRPORT PULLING ROAD S.
NAPLES FLORIDA 34112

The principal office, if known, or the mailing address of the corporation is:

460 FOX HAVEN DRIVE-UNIT 1209
NAPLES FLORIDA 34104

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

BEATRICE J. D'IANI
460 FOX HAVEN DRIVE-UNIT 1209
NAPLES FLORIDA 34104

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

PETER B. FRANK
2124 Airport Pulling Road South
Naples, Florida 34112

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this ___ day of May, 1999.



(Seal)

STATE OF FLORIDA
COUNTY OF COLLIER

Before me a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

PETER B. FRANK

Personally known to me XXX
Form of Identification

Known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that they executed these Articles of Incorporation, that I relied upon the form ____ of identification of the above named person ____ as indicated opposite each name, and that an oath was taken.

Witness my hand and official seal in the county and State last aforesaid this 4th day of May, 1999.



L. Woolner
MY COMMISSION # 00577528 EXPIRES
August 1, 2000
BONDED THRU TITUS SURETY INSURANCE, INC.

[Signature]
Notary Signature

CERTIFICATE AND ACKNOWLEDGMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

INSURANCE MANAGEMENT ASSOCIATES, INC.

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation at:

460 FOX HAVEN DRIVE-UNIT 1209
NAPLES FLORIDA 34104

has named Edward Erickson located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

Am. T. Frank

(Registered Agent)