

LETTER OF TRANSMITTAL

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8-30-99

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

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-09/02/99--01038--015
*****78.75 *****78.75


Re: Stierlin Insurance Agency, Inc.

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.


William Stierlin

Stierlin Insurance Agency, Inc.
300 Colorado Avenue, Suite 206
Stuart, Fl 34957

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 SEP -2 PM 12:32

FILED

F. CHANGES SEP 8 1999

ARTICLES OF INCORPORATION

of

STERLIN INSURANCE AGENCY, INC.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME

The name of the corporation is:

STERLIN INSURANCE AGENCY, 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 500 shares of common stock, par value \$ 1.00 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS	300 COLORADO AVENUE, SUITE 206		
CITY	STUART	FLORIDA	FL ZIP 34957

Mailing address, if different

STREET ADDRESS	300 COLORADO AVENUE, SUITE 206		
CITY	STUART	FLORIDA	FL ZIP 34957

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	William Sterlin		
ADDRESS	300 COLORADO AVENUE, SUITE 206		
CITY	STUART	FLORIDA	FL ZIP 34957

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) directors 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:

NAME	<u>WILLIAM STERLIN</u>		
ADDRESS	<u>1585 NE. BEACON DR. #1108</u>		
CITY	<u>JENSEN BCH</u>	STATE	<u>FL</u> ZIP <u>34957</u>
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VIII - INCORPORATORS

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

NAME	<u>WILLIAM STERLIN</u>		
ADDRESS	<u>1585 NE. BEACON DR. #1108</u>		
CITY	<u>JENSEN BCH</u>	STATE	<u>FL</u> ZIP <u>34957</u>
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

The undersigned incorporator(s) have executed these Articles of Incorporation this 30TH day of AUGUST, 19 99.

William Sterlin (Signature)
 _____ (Signature)
 _____ (Signature)

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STIERUN INSURANCE AGENCY, INC.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation
at 300 COLORADO AVENUE, SUITE 206
STUART, FL 34957
has named WILLIAM STIERUN
located at the aforesaid address, as its registered agent to accept service of process within this state.

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.

William Stierun
(Signature)

8/30/99
(Date)