

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

800003014528--0 -10/14/99--01047--015 *****78.75 ******78.75

SUBJECT:	F/ORIDA F (Proposed corpor	PRO - CARE IN So rate name - must include suffix)	URANCE Servi	ices, nc.
Enclosed is an origin \$70.00 Filing Fee	al and one(1) copy of the article \$78.75 Filing Fee & Certificate of Status	es of incorporation and a check for the second seco	g Fee, iffed Copy efficience of	
FROM	: Wendy C. Man	ol (rinted or typed)	<u>- </u>	
	3155 Riverside	DRIVE # B-302 Address	99 TAL	
	Gral Springs Gity, 954-255-57 Daytime T		FILED 9 OCT 14 PM 2: CRETARY OF STA	
			電台 芒	

NOTE: Please provide the original and one copy of the articles.

15/0/19/99

ARTICLES OF INCORPORATION

Signature/Registered Agent

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.
ARTICLE I NAME The name of the corporation shall be: FLORIDA PRO-CARE INSURANCE SERVICES, INC.
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 3155 Riverside DRIVE #B-302 CORAL SPRINGS, FC 33065
ARTICLE III /00SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
100
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: Wendy C. Made; Siss Riverside Drive # B-302. Coroll Springs, FL 33065 ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are: Wendy C. Mode; Wendy C. Mode;
SUT-Riverside Deive # 13-302 Coral Springs & C 33065
2-29-99 w
Signature/Incorporator Date
(An additional article must be added if an effective date is requested.)
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