

TRANSMITTAL LETTER

P9900011147

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

SUBJECT: Student Insurance Consultants, Inc.  
(Proposed corporate name - must include suffix)

300003077063-7  
-12/21/99-01080-002  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

FROM: William W. Dunbar  
Name (Printed or typed)

5147 Kernwood Ct  
Address

Palm Harbor, FL 34685  
City, State & Zip

727-957-1777  
Daytime Telephone number

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

99 DEC 21 PM 1:24

FILED

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

T. Burch DEC 28 1000

**ARTICLES OF INCORPORATION**

*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:

Student Insurance Consultants, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

5147 Kernwood Court, Palm Harbor, FL 34685

**ARTICLE III SHARES**

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:

William W. Dunbar, 5147 Kernwood Court, Palm Harbor, FL 34685

**ARTICLE V INCORPORATOR**

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

William W. Dunbar, 5147 Kernwood Court, Palm Harbor, FL 34685

William W. Dunbar  
Signature/Incorporator

12/30/99  
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.*

William W. Dunbar  
Signature/Registered Agent

12/20/99  
Date

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STATE OF FLORIDA  
TALLAHASSEE