

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32311

P000000050112

SUBJECT: DROP - RETIREMENT PLANNERS, Inc.
(Proposed corporate name - must include suffix)

000003254280--5
-05/16/00--01037--004
*****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: Oscar Brown
Name (Printed or typed)

PO Box 2693
Address

Ocala, FL 34478
City, State & Zip

352-732-5295
Daytime Telephone number

FILED
00 MAY 16 PM 12:07
TALLAHASSEE, FLORIDA

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

OC.
5-22-00

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: **DROP-RETIREMENT PLANNERS, INC.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is: **2810 NIN MLK AVE/PO BOX 2693 - Ocala, FL 34478**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **RETIREMENT PLANNERS CONSULTANTS - (INSURANCE)**

ARTICLE IV SHARES

The number of shares of stock is: **500**

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es): **OSCAR BROWN - PO BOX 2693 Ocala, FL 34478**

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are: **OSCAR BROWN 2810 NIN MLK AVE PO BOX 2693 - Ocala, FL 34478**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are: **OSCAR BROWN - PO BOX 2693 Ocala, FL 34478**

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

MAY 15, '08
Date



Signature/Incorporator

MAY 15, '08
Date

FILED
MAY 16 PM 12:06
STATE OF FLORIDA
TALLAHASSEE, FLORIDA