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TRANSMITTAL LETTER

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

SUBJECT:	Able Insurance (PROPOSED CORPORA	ce tuc.	
	(PROPOSED CORPORA	TE'NAME - <u>MUST INCL</u> I	DDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM	Able Insu	vance Tric.	
	1451 Two	in Rivers Blue Address	√ .
	Ouredo	F1 32766	
	407-325	-3/30	

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 601. U.S. (D. S.)	FILED 04 APR - 1
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) **ARTICLE I NAME**	O4 APR -1 AM 11:54 SECTION STATE TALLANASSEE, FLORIDA
The name of the corporation shall be:	ANSEE, FLORIDA
Able Insurance, Inc.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
830 110 th Highway 17-92	
830 North Highway 17-98 Long wood Fl. 32750	
ARTICLE III PURPOSE	•
The purpose for which the corporation is organized is:	-
Insurance Sales	
ARTICLE IV SHARES	
The number of shares of stock is:	
100	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	1
JUSE L. Negron - President 1451 Twin Rivers Blud	
Oviedo F1, 32766	
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> of the registered agent is:	
David Castillo	
515 Nb. Semoran Olud. Orlando Fl 32807	
ARTICLE VII INCORPORATOR	
	C. C
The name and address of the Incorporator is: Jose L. Negron 1451 Twin Rivers 81 Ouredo, Fl. 32766	led.
1931 1 WIR 1000 C	
001600 11. 00100	
**************************************	poration at the place designated in this
Dond Citth	3/23/04
Signature/Registered Agent	Date
	3.22/04
Signature/Incorporator	Date
150	