P9900000000055 TRANSMITTAL LETTER

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

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SUBJECT:	Atwood Insurance Agency, Inc.				
30-0-0-1	(Propose	ed corporate name - must in	clude suffix)		
		. [1		
Enclosed is an	n original and one(1) copy of the	e articles of incorporation	n and a check for:		
☐ \$7 Filing			Copy Certific	Fee, ed Copy ificate of	
F	ROM: Usha Atwood	Name (Printed or typed)		<u>.</u>	<u>.</u>
	P.O. Box 25518.	Address		· · ·	
	Tamarac, Fl 333	20-5518 - City, State & Zip		99. SEC TALL	
	954-922-9206		· ·	JAN -8 RETARY AHASSI	
sha atwo RIZATION BY 1/10 CT all BA XAM BK	od GAVE NETO Aldruss 2	aytime Telephone number		AM 11: 14 OF STATE E. FLORIDA	

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

~ ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Floria
Business Corporation Act, hereby adopts the following Articles of Incorporation.

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0	" JAN -O
TAL	CRETARY OF STATE LAHASSEE, FLORIDA
-	FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Atwood Insurance Agency, Inc.

ARTICLE II PRINCIPAL OFFICE

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

PO Box 25518 Tamarac, FL 33320

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:

Usha Atwood
PO Box 25518 10041 Winding Lake RL, apt. 103
Tamarac, FL 33320-5518 Suniae, Il 33351

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Usha Atwood PO Box 25518 Tamarac, F1 33320-5518

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

Signature/Registered Agent

1/2/99

Date