

PD000000127/5

Requester's Name

Amerway Insurance
P.O. Box 2300
Chiefland, FL 32644
(352) 493-1001

City/State/Zip

Phone #

700003117627-7
-02/01/00--01036--004
*****78.75 *****78.75

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

FILED
00 FEB -1 PM 2:42
SECOND DISTRICT OF FLORIDA
TALLAHASSEE, FLORIDA

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Walk in | <input type="checkbox"/> Pick up time _____ | <input type="checkbox"/> Certified Copy |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait | <input type="checkbox"/> Certificate of Status |
| <input type="checkbox"/> Photocopy | | |

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

2-4-00

ARTICLES OF INCORPORATION,
DESIGNATION AND ACCEPTANCE OF REGISTERED AGENT OF
AMERICANWAY INSURANCE, INC.
A CORPORATION FOR PROFIT

THE UNDERSIGNED INCORPORATOR OF A FLORIDA CORPORATION FOR PROFIT, HEREBY SETS FORTH AND SHOWS:

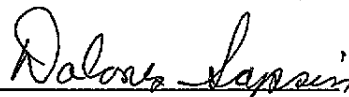
1. THE NAME OF THE CORPORATION IS AMERICANWAY INSURANCE, INC.
2. THE STREET ADDRESS OF THE INITIAL PRINCIPAL OFFICE OF THE CORPORATION IS 608 N. MAIN STREET, CHIEFLAND, FL. 32626, WHICH IS ALSO THE MAILING ADDRESS.
3. THE CORPORATION IS AUTHORISED TO ISSUE 100 SHARES OF COMMON STOCK.
4. THERE ARE NO PREEMPTIVE RIGHTS TO BE GRANTED TO ANY SHAREHOLDER.
5. THE INITIAL DIRECTOR OF THE CORPORATION IS:

DOLORES SAPSIN
8751 N.W. 52ND AVE.
CHIEFLAND, FL. 32626

6. THE STREET ADDRESS OF THE CORPORATION'S INITIAL REGISTERED OFFICE IS 608 N. MAIN STREET, CHIEFLAND, FL. 32626, AND THE NAME OF THE INITIAL REGISTERED AGENT IS DOLORES SAPSIN. BY VIRTUE OF HER EXECUTION OF THIS INSTRUMENT AS AN INCORPORATOR, DOLORES SAPSIN ALSO ACCEPTS IN WRITING THE APPOINTMENT AS REGISTERED AGENT AND STATES THAT SHE IS FAMILIAR WITH AND ACCEPTS THE OBLIGATIONS OF THAT POSITION, CORPORATE REGISTERED AGENT, UNDER FLORIDA'S LAW AND THAT SHE WILL FAITHFULLY PERFORM SUCH DUTIES.

7. THE NAME AND ADDRESS OF THE SOLE INCORPORATOR OF THE CORPORATION IS DOLORES SAPSIN, 8751 N.W. 52ND AVE., CHIEFLAND, FL. 32626

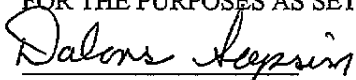
IN WITNESS WHEREOF, I HEREBY EXECUTE THE FOREGOING INSTRUMENT AS INCORPORATOR AND INITIAL REGISTERED AGENT OF AMERICANWAY INSURANCE, INC.



DOLORES SAPSIN
INCORPORATOR AND REGISTERED AGENT

STATE OF FLORIDA
COUNTY OF LEVY

ACKNOWLEDGED BEFORE ME BY DOLORES SAPSIN, KNOWN TO BE TO BE THE PERSON DESCRIBED HEREIN OR PRODUCED THE FOLLOWING 71 Drivers License FOR THE PURPOSES AS SET FORTH HEREIN, THIS 3rd DAY OF January 2000


DOLORES SAPSIN


NOTARY



Lisa Beach
MY COMMISSION # CC683248 EXPIRES
January 24, 2002
BONDED THRU TROY FAIN INSURANCE, INC.

FILED
FEB - 1 PM 2:42
CLERK OF STATE
TALLAHASSEE, FLORIDA