

TRANSMITTAL LETTER

P00000026494

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

FILED
MAR -8 AM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Full Assurance Incorporated

(Proposed corporate name - must include suffix)

P00003146377-4
-02/24/00-01060-009
*****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: Nigel Hinds
Name (Printed or typed)

P.O. Box 180672
Address

Casselberry, FL 32718-0672
City, State & Zip

(407) 327-3799
Daytime Telephone number

F. C. HENDERSON MAR 15 2000

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

11-5541



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 1, 2000

NIGEL HINDS
PO BOX 180672
CASSELBERRY, FL 32718-0672

SUBJECT: FULL ASSURANCE, INC.
Ref. Number: W00000005541

We have received your document for FULL ASSURANCE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6926.

Cheryl Gallmon-Case
Document Specialist

Letter Number: 900A00011270

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:

Full Assurance, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Place of business: 103 Rock Lake Road
Longwood, Florida 32750

Mailing address: PO Box 180672
Casselberry, Florida 32718-0672

ARTICLE III SHARES

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1000 shares of common stock having \$1 par value per share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Nigel Hinds
515 San Gabriel Court
Winter Springs, FL 32708

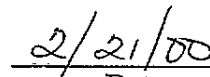
ARTICLE V INCORPORATOR

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

Miss Kelli Taylor
103 Rock Lake Road
Longwood, Florida 32750

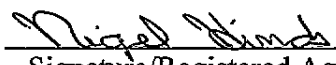


Signature/Incorporator

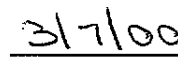


Date

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 completed performance of my duties, and I am familiar with and accept the obligations of my position as registered agent



Signature/Registered Agent



Date

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TALLAHASSEE, FLORIDA