

TRANSMITTAL LETTER
P000000041013

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

100003216541--6
-04/20/00--01059--017
*****78.75 *****78.75

SUBJECT: HOME ASSURE COMPANY
(Proposed corporate name - must include suffix)

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: MICHAEL B. DUNLAP
Name (Printed or typed)

5757 GAGE LANE, UNIT 304
Address

NAPLES FL 34113
City, State & Zip

941-775-3133
Daytime Telephone number

FILED
00 APR 20 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

T BROWN APR 25 2000

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:

HOME ASSURE COMPANY

ARTICLE II PRINCIPAL OFFICE

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

C/O MICHAEL DUNLAP
5757 GAGE LANE, UNIT 304
NAPLES FL 34113

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

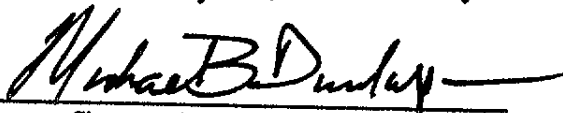
The name and Florida street address of the initial registered agent are:

MICHAEL B. DUNLAP
5757 GAGE LANE, UNIT 304
NAPLES, FLORIDA 34113

ARTICLE V INCORPORATOR

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

MICHAEL B. DUNLAP
5757 GAGE LANE, UNIT 304
NAPLES, FLORIDA 34113



Signature/Incorporator

04-17-00

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

04-17-00

Date

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00 APR 20 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA