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Department of State
Division of Corporations
11 Plan 6327
11 enassee, FL 32314

600003218836-43 -04/21/00--01094--007 *****78.75 ******78.75

SUBJECT: M. H. R. INSURANCE, INC.

their is an one had and one; I) copy of the articles of incorporation and a check for

I \$70 0. Filing Fee \$2.\$78.75 Filing Fee & Certificate **□**\$122.50

☐ \$131.25 Films Fee

Filing Fee & Certified Cops Filing Fee

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM JAMES H. McCARTY
Name (Printed or typed)

500 NW 16 TH AVENUE.

GAINESVILLE FLORIDA 32601

S52 - 378 - 64/0 Daytime Telephone-nur-er OO APR 21 M IO 48

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

4-25-00

ARTICLES OF INCORPORATION

ARTICLE I

The name of this corporation is M. H. R. Insurance, Inc.

ARTICLE II

Principle Office/Mailing Address: 1408 N.W. 6th Street Gainesville, Florida 32601



ARTICLE III

Under these Articles stated it is hereby designated that the holders of the numerated common stocks have unlimited voting rights and are entitled to receive all assets of this corporation upon the event of company dissolution. There exists absolutely no imposition of personal liability for the incurred debts of the corporation on the shareholders.

Number of Authorized Shares:

100

Par Value

\$1.00

Class

Number

Common

100

ARTICLE IV

The name and Florida street address of the initial registered agent are: James H. McCarty, 500 N.W. 16th Avenue, Suite 5, Gainesville, Florida 32601

ARTICLE V

The name and address of the Incorporator to these Articles of Incorporation is Mickey Rawls, 1408 N.W. 6th Street, Gainesville, Florida 32601

Signature/Incorporator

Date

Having been names as registered agent and to accept service of process for the above stated corporation at the 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 statues 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

Date