

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PO000006424128

Dixon Insurance Agency
Inc.

100003226361--7

-04/27/00--01038--012

*****70.00 *****70.00

- ☒ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- ☒ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

FILED
00 APR 27 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
00 APR 27 AM 10:10
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

T. SMITH APR 27 2000

Signature _____

Requested by: LS

Name _____

Date 4/27/00

Time 8:58

Walk-In _____

Will Pick Up _____

ARTICLES OF INCORPORATION
OF
DIXON INSURANCE AGENCY, INC.

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

FILED
00 APR 27 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of this corporation is **DIXON INSURANCE AGENCY, INC.**

The principal place of business of this corporation shall be: 1084 U.S. 27 North, Lake Placid, Florida 33852.

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares of common stock of a single class at One Dollars (\$1.00) each.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name and street addresses of the initial officers and directors who shall hold office the first year of the corporation's existence or until their successors are elected are:

Allan D. Dixon
1084 U.S. 27 North
Lake Placid, Florida 33852

ARTICLE VI INCORPORATOR

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

Allan D. Dixon
1084 U.S. 27 North
Lake Placid, Florida 33852

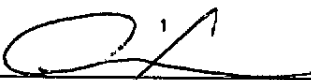
ARTICLE VII AMENDMENT

The Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation or any amendment to them, and any right conferred upon the Shareholders is subject to this reservation.

ARTICLE IX BYLAWS

The power to adopt, alter, amend and repeal the By-Laws shall be vested in the Board of Directors, but all alterations, amendments and repeals of the By-Laws must be approved by a majority of the Shareholders.

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of
Incorporation, this 20th day of April, 2000.


Allan D. Dixon

STATE OF FLORIDA

COUNTY OF HIGHLANDS

Before me personally appeared **Allan D. Dixon** to me well known and known to me to be
the person described in and who executed the foregoing Articles of Incorporation and
acknowledged to and before me that she executed said instrument for the purposes therein
expressed.

WITNESS my hand and official seal this 20th day of April, 2000.



W. Wilkes
Commission # CG 835092
Expires June 20, 2003
Bonded Thru
Atlantic Bonding Co., Inc.


NOTARY PUBLIC


CERTIFICATE DESIGNATING

REGISTERED AGENT/RESIDENT OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is **DIXON INSURANCE AGENCY, INC.**
2. The name and address of the registered agent and office is:

Allan D. Dixon
1084 U.S. 27 North
Lake Placid, Florida 33852



Allan D. Dixon, Incorporated
DATE: 4/20/00

FILED
00 APR 27 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.



Registered Agent
DATE: 4/20/00