## P0000009713

## TRANSMITTAL LETTER

900003326969--6 -07/19/00--01006--008 \*\*\*\*\*78.75 \*\*\*\*\*78.75

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

SUBJECT: $N$	orth American	Producers +	Hliance, I	The.	
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)  Enclosed is an original and one(1) copy of the articles of incorporation and a check for:				81 TOF OO	SECONTAR FIL
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	PN 12: 20	Y OF STATE
FROM: North American Producers Alliance,				Inc	• .
MORIZATION BY PHONE TO GLOS Bride Pd					
HOMEN HOLLYWOOD FIA  TE EXAM  OC. EXAM  OC. (15) SIGN					
954-450-8192  Daytime Telephone number					

क्षानाळ

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

00 JUL 18 PM 12: 20

## ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) NAMEThe name of the corporation shall be: American Producers Alliance, Inc. PRINCIPAL OFFICE The principal place of business/mailing address is: The purpose for which the corporation is organized is: ales-Life Ins ARTICLE IV SHARES The number of shares of stock is: The name(s) and address(es): The name and Florida street address of the registered agent is: of the Incorporator is: \* Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificated, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent