TRANSMITTAL LETTER

P00000093062

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

SUBJECT: FLORIDA STATE INSURANCE + AUTO TAGS, INC.
(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
- ☐ $122.50 Filing Fee & Certified Copy
- ☐ $131.25 Filing Fee, Certified Copy & Certificate

Additional Copy Required

FROM: L. SCOTT HOFF
Name (printed or typed)

5194 SW 90TH TERR.
Address

400003412944--4
-10/03/00--01022--002
*****78.75 *****78.75

COOPER CITY, FL, 33328
City, State & Zip

954 561-4454
Daytime Telephone number

FILED
2000 OCT -3 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OK per Joy
+KB

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

FLORIDA STATE INSURANCE + AUTO TABS, Inc.

ARTICLE II PRINCIPAL OFFICE

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

5194 S.W. 90TH TERR.
COOPER CITY, FL, 33328

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TALLAHASSEE, FLORIDA

ARTICLE III SHARES

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

500 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

L. SCOTT HOFF
5194 S.W. 90TH TERR.
COOPER CITY , FL, 33328

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

L. SCOTT HOFF
5194 S.W. 90TH TERR.
COOPER CITY,FL,33328

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

21 day of SEPT, 00

(An additional article must be added if an effective date is requested.)

Louis Hoff Pres
Signature

Michelle Hoff VP
Signature

Louis Hoff Sec
Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: FLORIDA STATE INSURACE + AUTO TAGS, INC

2. The name and address of the registered agent and office is:

L. SCOTT HOFF
5194 S.W. 90TH TERR.
COOPER CITY, FL 33328

L. SCOTT HOFF
(NAME)

5194 S.W. 90TH TERR.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

COOPER CITY, FL, 33328
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

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.

9/21/00 _____ 9/21/00
(SIGNATURE) (DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314