TRANSMITTAL LETTER 1000000094347

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 OD OCT -4 AM 8:31
SECRETARY OF STATE ALLAHASSEE, FLORES.

SUBJECT: ACCUPATE LA (PROPOSED CORPORATE	1 SUPOLCI LAC. TE NAME - MUST INCLUDE SUFFIX) 4 D D D D 3 4 1 4 -10/04/000 ******87.50
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:	
S78.75 Filing Fee Filing Fee Certificate of Status	\$\sqrt{1}\\$78.75 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	NOOL inted or typed)
	US# /

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME The name of the corporation shall be: Accurate Insurance, Inc.
ARTICLE I NAME The name of the corporation shall be: ACCUPATE INSUVANCE, Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1002 S. US # 1 FORT Plurce, F2 34950
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Maragnet Company for Insuarce agric (5)
ARTICLE IV SHARES The number of shares of stock is: 100
ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es): Pres- Diana Ellwood Vice Pres- 3327 Hatcher St Georgetle Cordary Ft Ruce Ft 34981 1510 Coronado Ave Ft Pilice Ft 34987
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: DIANA MELLWOOD 3327 HOLCHUC SF FE PILLU 152 34981 ARTICLE VII INCORPORATOR
The <u>name and address</u> of the Incorporator is: DIONA MELLWOOD 3337 Hotcher St EL PLUCE ST ***********************************
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
Signature/Registered Agent DIANA (M ELLWOOD Date)
Signature/Incorporator DIANA M ELLWOOD Date

ARTICLES OF INCORPORATION