

TRANSMITTAL LETTER

P00000116563

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

SUBJECT: Assurance INVESTIGATIVE SERVICES, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

100003504781--9
-12/19/00--01012--001
*****70.00 *****70.00

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 of Status

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: ROBERT C. GROELLE
Name (Printed or typed)

879 LEMONGRASS LANE
Address

WELLINGTON, FLORIDA 33414
City, State & Zip

(561) 798-5600
Daytime Telephone number

FILED
00 DEC 18 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

gjc 12/22

ARTICLES OF INCORPORATION

ARTICLE I: NAME

The name of the corporation shall be: **ASSURANCE INVESTIGATIVE SERVICES, INC.**

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TALLAHASSEE, FLORIDA

ARTICLE II: PRINCIPAL OFFICE

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

550 South West 9th Avenue, Boca Raton, Florida 33486

ARTICLE III: PURPOSE

The purpose(s) for which the corporation is organized are as follows:

1. To provide investigation services to persons and business entities as allowed by the laws of Florida and any other state;
2. To provide records retrieval and review services, as well as claims investigation and litigation support services to individuals and business entities; and
3. To provide any other service or conduct other business as allowed by law.

ARTICLE IV: SHARES

The initial number of shares of stock of the corporation shall be One Thousand (1,000).

ARTICLE V: INITIAL OFFICERS AND DIRECTORS

The initial officers and directors of the company shall be :

President and Director:	David J. Salmon
Vice President / Director :	Robert C. Groelle
Secretary:	
Treasurer:	

ARTICLE VI: REGISTERED AGENT:

The name and Florida Street Address of the registered agent is:

David J. Salmon
550 SW 9th Avenue
Boca Raton, Florida 33486

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TALLAHASSEE, FLORIDA

ARTICLE VII: INCORPORATORS

The name and address of the Incorporators are:

Robert C. Groelle
879 Lemongrass Lane
Wellington, Florida 33414

David J. Salmon
550 SW 9th Avenue
Boca Raton, Florida 33486


Having been named as registered agent to accept service of process for the above stated corporation at the place designated in the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity,



Signature of Registered Agent / David J. Salmon

12-12-00

Date



Signature of Incorporator / Robert C. Groelle

12/12/00

Date



Signature of Incorporator / David J. Salmon

12-12-00

Date