POUMINAL LETTER LED

01 JAN -2 AM 10: 13

Department of Sta Division of Corpo P. O. Box 6327 Tallahassee, FL 3	prations -	· · · · · · · · · · · · · · · · · · ·	RY OF STATE SEE, FLORIDA	
SUBJECT:	FIRST CLASS (Proposed com		00035184 -01/02/01010 *****78.75 * // c , uffix)	
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	
		ADDITIONAL COI	Status PY REQUIRED	
FROM: _	LARRY JOHNS Name (Pri OB FEDERAL 3564 50 Ad	nted or typed) NSURANCE	- <u></u>	
-				
_	City, Sta	7-9003	3463	
_	56/- 68 Daytime Telep	phone number	<u>-</u> - <u>₹</u>	

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a c	orporation under the Florida
Business Corporation Act, hereby adopts the following Article	es of Incorporation.

FILED 01 JAN -2 AM 10: 13

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I

The name of the corporation shall be:

FIRST CLASS DETAILING, INC.

ARTICLE II PRINCIPAL OFFICE

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

5452 TORONTO Rd. WEST PALM BEACK, Fl. 33415

SHARES

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

(TEN)

INITIAL REGISTERED AGENT AND STREET ADDRESS <u>ARTICLE IV</u>

The name and Florida street address of the initial registered agent are:

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

ARRY JOHNSON

CO MICHAEL C. SMITH

AT FEDERAL INSURANCE:

3564 SO MICHARY TRAIL

LAKE WORTH, F1. 33463

12-27-2000

Date

Signature/Incorporator

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

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

Signature/Registered Agent