

P010000004529

TRANSMITTAL LETTER

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 JAN -8 PM 4:26

SUBJECT: Sean Halfacre Insurance Inc

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$131.50  
Filing Fee, Certified Copy & Certificate

FROM:  
Sean Halfacre  
1205 Tuckaway Dr.  
Rockledge, FL 32955

700003528867--2  
-01/09/01--01011--010  
\*\*\*131.50 \*\*\*  
87.50

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

✓  
1/11/01

ARTICLES OF INCORPORATION

OF

Sean Halfacre Insurance, Inc.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JAN -8 PM 4: 26

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE I--NAME

The name of the corporation shall be, Sean Halfacre Insurance Inc.

ARTICLE II -- NATURE OF BUSINESS

1. The general nature of the business of the corporation shall be sales and service of property and Casualty Insurance.
2. This corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III -- PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be  
591 South Chickasaw Trail, Orlando Fl. 32825

ARTICLE IV -- CAPITAL STOCK

The capital stock of this corporation shall consist of 100 shares of common stock with a stated value of  
\$1.00

ARTICLE V-- INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Sean Halfacre, 1205 Tuckaway Dr., Rockledge Fl.  
32955

ARTICLE VI -- DIRECTORS

The business of the corporation shall be conducted by a Board of Directors consisting of not less than two  
[2] directors. The name and address of the directors are:

Sean Halfacre, 1205 Tuckaway Dr., Rockledge Fl. 32955  
Kirsten Halfacre 1205 Tuckaway Dr., Rockledge Fl 32955

ARTICLE VII -- INCORPORATOR

The name and address of the incorporators are:

Sean Halfacre 1205 Tuckaway Dr., Rockledge Fl 32955

ARTICLE VIII -- SHAREHOLDERS

The shareholders of this corporation shall have a pre-emptive right to acquire unissued or treasury shares of the corporate convertible into or carrying a right to subscribe to or acquire shares as issued by the corporation.

The undersigned have executed these Articles of Incorporation this      day of      , 2001

  
Sean Halfacre

STATE OF FLORIDA

COUNTY OF ~~ORANGE~~ *Seminole*

The foregoing instrument was acknowledged before me this *5* day of *JAN*, 2001

by *SEAN HALFACRE*, who is personally known to me or who did produce

*FL DL* as identification and did take an oath.

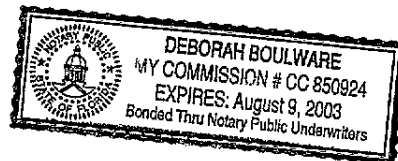
*H412-783-72-052-0*

NOTARY PUBLIC

SIGN *Deborah Boulware*  
PRINT *Deborah Boulware*

State of Florida at Large

My Commission Expires:



**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JAN -8 PM 4: 26

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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: Sean Halfacre Insurance Inc.
2. The name and address of the registered agent and office is:

Sean Halfacre  
1205 Tuckaway Dr.  
Rockledge, FL 32955

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.

Sean Halfacre

  
\_\_\_\_\_  
(Signature)

1-5-01

\_\_\_\_\_  
(Date)