

TRANSMITTAL LETTER

P01000008242

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

FILED
01 JAN 22 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: AMERICAN REGIS Insurance Servs 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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Paul Sams
Name (Printed or typed)

PO Box 6021
Address

W P B IL 33405
City, State & Zip

561 842 9744 100003563441--8
Daytime Telephone number -01/22/01--01133--008
*****70.00 *****70.00

Paul Sams GAVE
AUTHORIZATION BY PHONE TO
CORRECT mt 1 + 6
DATE 1123101
DOC. EXAM BM

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

B. McKnight JAN 23 2001

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

AMERICAN AEGIS INSURANCE SERVICES INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1506 Broadway
PO BOX 6021
WPB FL 33405

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO sell and service Insurance Policies in the
State, and to engage in any legitimate business
as activity demands

ARTICLE IV SHARES

The number of shares of stock is:
5,000,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

paul sams
PO Box 6021
WPB FL 33405
PRES

Noel Samms Jr
PO BOX 6021
WPB FL 33405
V/P

Norman Samms
PO Box 6021
WPB 33405
Dir,

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent is:

paul sams
1506 Broadway
Riviera Beach, Fl. 33404

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

paul sams
PO BOX 6021
WPB FL 33405

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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

1. 13 01

Date

Signature/Incorporator

1 13 01

Date