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|---|--|---|--|
| TRANSMITTAL LETTER | | | |
| - | PSidood | 2113 | 525 |
| | Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 | | 8000035903881 -01/29/0101110020 *****78.75 *****78.75 |
| | SUBJECT: HARBOR LIFE | | INC. |
| | (PROPOSED CORPORA Enclosed is an original and one(1) copy of the articl | TE NAME – <u>MUST INCL</u> les of incorporation and a | |
| | □ \$70.00 □ \$78.75 Filing Fee Filing Fee & Certificate of Status | S78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| | FROM: DAUID R. Name (P | ADDITIONAL CO | |
| 875 MILIVARY TRAIL, SU, tz 104 Address | | | |
| | 501 57 | 2 <u>3345</u> State & Zip S - 1200 elephone number | FILED 01 JAN 29 AN 9:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA |

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

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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: HARROR LIFE AGENCY, INC.

ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

<u>ARTICLE IV</u> SHARES The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS (DIRECTORS (optional) The name(s) and address(es):

ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:

The name and address of the Incorporator is:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificateA appamiliar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Rec istered Agent

Date 9

JAN 29

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Signature/Incorporator

Date