

TRANSMITTAL LETTER

P010000021241

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

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-02/26/01--01107--025
*****78.75 *****78.75

SUBJECT: ACADEMY INSURANCE & FINANCIAL SERVICES, 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: JOHN A. TURNER
Name (Printed or typed)

8740 N. SHERMAN CIR #104
Address

MIRAMAR, FL 33025
City, State & Zip

305-751-0330
Daytime Telephone number

FILED
01 FEB 26 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

T. Burch FEB 28 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:)

Academy Insurance & Financial Services, Inc.

ARTICLE II PRINCIPAL OFFICE (The principal place of business/mailling address is:)

9019 Biscayne Boulevard
Miami Shores, FL 33138

ARTICLE III PURPOSE (The purpose for which the corporation is organized is:)

Insurance and Financial Services

ARTICLE IV SHARES (The number of shares of stock is:)

100 shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (The names and address (es):)

John A. Turner, President-Treasurer
8740 N. Sherman Circle #104
Miramar, FL 33025

Elizabeth W. Turner, Vice President-Secretary
8740 N. Sherman Circle #104
Miramar, FL 33025

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

John A. Turner
8740 N. Sherman Circle #104
Miramar, FL 33025

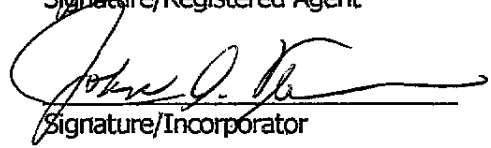
ARTICLE VII INCORPORATOR (The name and address of the incorporator is:)

John A. Turner
8740 N. Sherman Circle #104
Miramar, FL 33025

Having been named as registered agent to accept service of process for the above 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

2/23/2001
Date


Signature/Incorporator

2/23/2001
Date

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01 FEB 26 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA