TRANSMITTAL LETTER Department of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314 SUBJECT: CORPORATE AME - MUST INCLUDE SUFFIX 100004008 04713701--01063 ******78.75 *** -014 ****78.75 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$78.75 **□** \$70.00 **\$78.75 \$87.50** Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: nes Name (Printed or typed) 2 CRETARY OF STAT 2.0. Box <u>/4/58</u> Address APR 13 AN II: m 33766 SH င္ဆ 2- 738- 5670 Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME INSURCARE INC. The name of the corporation shall be:

PRINCIPAL OFFICE ARTICLE II The principal place of business/mailing address is: Location: 15 75 Main St., Duwedin, F2 3 4698

Mail: P.O. Box 14158, Cleanwater, FL. 33766

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

INSURANCE Agency

ARTICLE IV SHARES The number of shares of stock is:

300 Shakes

INITIAL OFFICERS /DIRECTORS (optional) ARTICLE VJAMES A. LANG The name(s) and address(es): 2717 HAVER Will Ct. CLEARWATER, FL 33761

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

SAMES A. LANG 2717 HAVERHILL CT. (leanwater, FL. 33761

INCORPORATOR ARTICLE VII The name and address of the Incorporator is:

JAMES A. LANG 2717 Horachill Chi CleARNATER, FL. 337 61

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

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<u>4//0/200/</u> Date <u>4/10/200/</u>

RETARY OF STATE

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