

PO1000047246
TRANSMITTAL LETTER

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

700004139837--4
-05/07/01--01137--011
*****70.00 *****70.00

SUBJECT: DIEDRICH INSURANCE, 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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: DIEDRICH INSURANCE, INC.
Name (Printed or typed)

5331 UNIVERSITY BLVD W.
Address

JACKSONVILLE FL 32216
City, State & Zip

904-739-3339
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY -7 AM 9:19

FILED

PS-11/01 ✓

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

ARTICLES OF INCORPORATION

FILED

01 MAY -7 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

DIEDRICH INSURANCE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5331 UNIVERSITY BLVD W.
JACKSONVILLE, FL 32216

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JUDY LEE DIEDRICH
8300 PLAZA GATE LN. #1252
JACKSONVILLE, FL 32217

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JUDY LEE DIEDRICH
8300 PLAZA GATE LN #1252
JACKSONVILLE, FL 32217

ARTICLE VI OFFICERS

THE INITIAL OFFICER OF THE CORPORATION IS:

JUDY LEE DIEDRICH, PRESIDENT

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

3RD day of MAY, 2001.

(An additional article must be added if an effective date is requested.)

X 

Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

FILED

01 MAY -7 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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 DIEDRICH INSURANCE, INC.

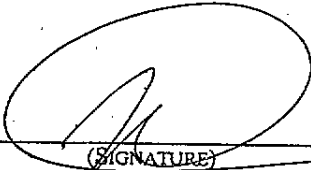
2. The name and address of the registered agent and office is:

JUDY LEE DIEDRICH
(NAME)

8300 PLAZA GATE LN. # 1252
(P. O. Box or Mail Drop Box NOT ACCEPTABLE)

JACKSONVILLE, FL 32217
(CITY/STATE/ZIP)

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.

X 
(SIGNATURE)

5/3/01
(DATE)