TRANSMITTAL LETTER
H110065888

OI JUN 28 PM 12: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: LEGACY INSURANCE GROUP INCORPORATED

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

700004451827--5 -06/29/01--01056--004 *****78.75 *****78.75

Enclosed is an origin	nal and one(1) copy of the artic	les 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

M: Claude R. Moulton

Name (Printed or typed)

4422 N.W.34th Drive

Address

Gainesville, FL 32605-6002

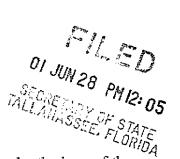
City, State & Zip

(352) 380-9261

Daytime Telephone number

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

ARTICLES OF INCORPORATION OF LEGACY INSURANCE GROUP INCORPORATED



The undersigned, for the purpose of forming a business corporation under the laws of the State of Florida, hereby adopts the following Articles of Incorporation:

ARTICLE I. NAME

The name of the corporation is:

LEGACY INSURANCE GROUP INCORPORATED

ARTICLE II. ADDRESS

The mailing address of the corporation is:

5532 N.W. 43rd Street Gainesville, Florida 32653

ARTICLE III. COMMENCEMENT OF EXISTENCE

The existence of the corporation will commence at 12:01 A.M. on the date of filing of these Articles of Incorporation.

ARTICLE IV. PURPOSE

The corporation is organized to engage in any activity or business permitted under the laws of the United States and Florida.

ARTICLE V. AUTHORIZED SHARES

The maximum number of shares that the corporation is authorized to have outstanding at any time is 100,000 shares of common stock having a par value of \$1.00 per share.

ARTICLE VI. INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the corporation is 5532 N.W. 43rd Street, Gainesville, Florida 32653, and the name of the corporation's initial registered agent at that address is Adolph J. Delaparte.

ARTICLE VII. INITIAL BOARD OF DIRECTORS

The corporation shall have two (2) directors initially. The number of directors may be either increased or diminished from time to time, as provided in the bylaws, but shall never be less than one. The name and street address of the initial directors are:

Name	Address
Adolph J. Delaparte	5532 N.W. 43 rd Street Gainesville, FL 32653
Carol R. Bosshardt	5542 N.W. 43 rd Street Gainesville, FL 32653

ARTICLE VIII. INCORPORATOR

......... المالم

The name and street address of the incorporator is:

Momo

Name	Address
Adolph J. Delaparte	5532 N.W. 43 rd Street Gainesville, FL 32653

The incorporator of the corporation assigns to this corporation his rights under Section 607.0201, Florida Statutes, to constitute a corporation, and he assigns to those persons designated by the board of directors any rights he may have as incorporator to acquire any of the capital stock of this corporation, this assignment becoming effective on the date corporate existence begins.

ARTICLE IX. BYLAWS

The power to adopt, alter, amend, or repeal bylaws shall be vested in the board of directors and the shareholders, except that the board of directors may not amend or repeal any bylaw adopted by the shareholders if the shareholders specifically provide that the bylaw is not subject to amendment or repeal by the directors.

ARTICLE X. AMENDMENTS

The corporation reserves the right to amend, alter, change, or repeal any provision in these Articles of Incorporation in the manner prescribed by law, and all rights conferred on shareholders are subject to this reservation.

The undersigned incorporator, for the purpose of forming a corporation under the laws of the State of Florida, has executed these Articles of Incorporation this ______ day of June, 2001.

Adolph Y. Delaparte

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:

LEGACY INSURANCE GROUP INCORPORATED

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

Adolph J. Delaparte 5532 N.W. 43rd Street Gainesville, FL 32653

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.

Hhh/I/Delaparte/

Date:

200