

POI 0000074559

July 26, 2001

Division of Corporations, New Corporations  
POB 6327  
Tallahassee, FL 32314

000004506180--1  
-07/30/01-01009-009  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Dear Sir,

Enclosed is our check for \$78.75 for filing fees for Grason Insurance Agency, Inc. for a certified copy of the articles of incorporation and a certificate of incorporation.

Please return the documents to:

Ben H. Moore  
720 North Maitland Avenue, Ste 105  
Maitland, FL 32751

Thank you for your attention to this matter.

Sincerely,



Ben H. Moore

Please Return Via FEDEX airbill enclosed. Thanks!!!

FILED  
01 JUL 30 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

D. WHITE JUL 30 2001

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# ARTICLES OF INCORPORATION

**FILED**

01 JUL 30 AM 11:40

Grason Insurance Agency, Inc.

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:

Grason Insurance Agency, Inc.

## ARTICLE II PRINCIPAL OFFICE

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

4522 Curry Ford Road  
Orlando, FL 32812

## ARTICLE III SHARES

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

1,000 shares at a \$1.00 Par Value

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Michael S. Grason  
4522 Curry Ford Road  
Orlando, FL 32812

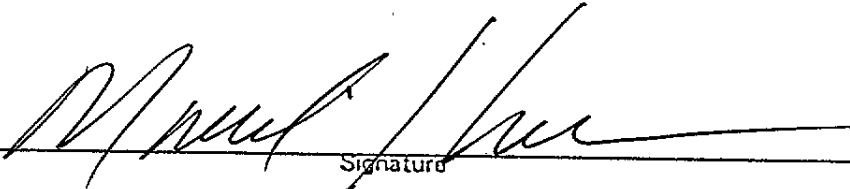
ARTICLE V INCORPORATOR(S)

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

Michael S. Grason  
4522 Curry Ford Road  
Orlando, FL 32812

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

4th day of July, 20 2001.

①   
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

FILED

01 JUL 30 AM 11:40

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: Grason Insurance Agency,  
Inc.

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

Michael S. Grason

(Name)

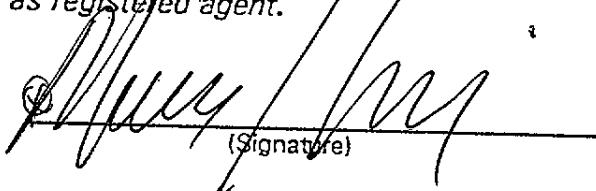
4522 Curry Ford Road

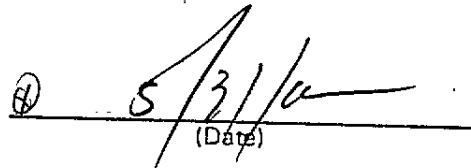
(P.O. Box not acceptable)

Orlando, FL 32812

(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.*

  
(Signature)

 5/3/10  
(Date)