ISMITALLETTED 6936

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

CASWELL INSURANCE SERVICES, Inc (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) c	copy of the articles of incorporation and a check for:
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\$70.00

□ \$78.75

Filing Fee

Filing Fee

& Certificate of Status

□ \$78.75

Filing Fee & Certified Copy \$87.50

Filing Fee,

Certified Copy & Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: MATTHEW W. CASWELL Name (Printed or typed)	SECR TALLA	OH AUG	
2706 Alternate 19 N. Suite 209	ETARY O HASSEE,	16 - 1 W	FILED
Palm Harbor FC 34683 City, State & Zip	F STATE FLORIDA	M 10: 50	=
(727) 365-3671 Daytime Telephone number			. <i>‡</i>

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

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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: こないとし	INSURANCE SERV	ICES, INC.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 270	06 Alternate 19 N, m Harbor, FL 30	Suite 209
ARTICLE III PURPOSE The purpose for which the corporation is organized is:		
ARTICLE IV SHARES The number of shares of stock is: 100	ar a s	OI AUG SECRE
ARTICLE V INITIAL OFFICERS/DIRECTOR The name(s), address(es) and title(s):	RS (optional)	FILED -1 AM 10: 50 TARY OF STATE ASSEE, FLORIDA
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered a		
·	2706 Alternate	19 N, Swite 209
	Palm Harbor,	FL RUGES
ARTICLE VII INCORPORATOR	•	- 54683
The <u>name and address</u> of the Incorporator is:	MATTHEW CAS	رامان
	2706 Alternate 1	صودر
**************************************	Polm Horton FC	34683
Having been named as registered agent to accept service of process certificate, I am familiar with and accept the appointment as register	for the characterist	
Marsh Carll	_	
Signature/Registered Agent	<u>7 = 36</u> Dai	
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Signature/Incorporator