

TRANSMITTAL LETTER

P01000097039

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

SUBJECT: STETSON INSURANCE SERVICES, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

500004621255--6
-10/03/01--01026--009
*****78.75 *****78.75

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 of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: TAMERA STETSON
Name (Printed or typed)

3457 E. RIVERSIDE DRIVE
Address

Ft. MYERS, FL 33916
City, State & Zip

941-337-1888
Daytime Telephone number

01 OCT -3 AM 9:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

E. Burch OCT 2 2001

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:

STETSON INSURANCE SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3457 E. RIVERSIDE DRIVE
FT. MYERS, FL 33916

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO CONTRACT INSURANCE POLICIES
FOR BUSINESSES AND INDIVIDUALS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

TAMERA D. STETSON 3457 E. RIVERSIDE DR FT. MYERS FL 33916 PRESIDENT
ROBERT E. STETSON 3457 E. RIVERSIDE DR FT. MYERS, FL 33916 VICE PRESIDENT

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

TAMERA O. STETSON 3457 E. RIVERSIDE DR. FT. MYERS, FL 33916

ARTICLE VII INCORPORATOR

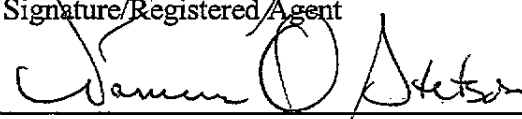
The name and address of the Incorporator is:

TAMERA O. STETSON 3457 E. RIVERSIDE DR. FT. MYERS, FL 33916

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 Agent

9-28-01
Date


Signature/Incorporator

9-28-01
Date

SECRETARY OF STATE
TALLAHASSEE FLORIDA

01 OCT -3 AM 8:01

FILED