

TRANSMITTAL LETTER

P01000099321

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

400004631134--2  
-10/11/01--01030--004  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: AMFARM, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: David Walding  
Name (Printed or typed)

1726 Cypress Creek Rd  
Address

Lutz, FL 33549  
City, State & Zip

813-210-0007  
Daytime Telephone number

01 OCT 11 AM 9:16  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

T. Burch OCT 12 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: *AMFARM, Inc.*

01 OCT 11 AM 9:16  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is: *26650 State Highway 54  
Lutz, FL 33549*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
*Sell financial planning and risk management franchises.*

**ARTICLE IV SHARES**

The number of shares of stock is: *10,000*

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):  
*David Wolding  
President  
1726 Cypress Creek Road  
Lutz, FL 33549*

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is: *David Wolding  
1726 Cypress Creek Road  
Lutz, FL 33549*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
*David Wolding  
1726 Cypress Creek Road  
Lutz, FL 33549*

\*\*\*\*\*  
*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]* \_\_\_\_\_ *10/1/07* \_\_\_\_\_  
Signature/Registered Agent Date  
*[Signature]* \_\_\_\_\_ *10/1/07* \_\_\_\_\_  
Signature/Incorporator Date