TRANSMITTAL LETTER

## PO2000000332

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

1 0 0 0 0 4 7 4 0 7 8 1 -- 1 -12/27/01--01025--005 \*\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT:	MATIONA Z (PROPOSED CORPORA HerNando	VSURANCES TENAME-MUST INCL , INC	SEJEVICE UDE SUFFIX)	I 01		
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  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
FROM:	MARK T. Name (Pr	CARTER inted or typed)				
P.O. Son 10377 Address						
Bieooksville H. 34603-0325 22 City, State & Zip						
	352-279 - Daytime Te	2917 lephone number	-2 PM 1:43 ARY UF STATE ASSEE, FLORIDA			

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

Mark Carter - GAVE	
OUTIONIZATION BY DUALITY	
CONNECT CLY TO TIT.	
DATE 1-2-02-	
DOC. EXAM BR.	

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ARTICLES OF INCORPORATION  What Change 607 and/or Chanter 621 F.S. (Profit)	·
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME  The name of the corporation shall be:	
NATIONAL INSULANCE SERVICES OF HECNANDO, INC	d.
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  13200 Spring Hill Drive  Spring Hill FL 34609  ARTICLE III PURPOSE	•d . aa
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  SALE OF TUSULOWCE PLOUDERS + Service	
ARTICLE IV SHARES The number of shares of stock is:   000 - 10¢	nee
ARTICLE V INITIAL OFFICERS (DIRECTORS (optional) The name(s) and address(es):  MARK CARTER	
P.O. Box 10377	O2
P.O. BAP 10377 Beooksulls, Fl. 34603-0377	JAN -2 AHASS
ARTICLE VI REGISTERED AGENT	EE G P M
The name and Florida street address of the registered agent is:	FLO
MARK CAKTER	RATE S
1114 Caballero CT Spring Hill, FL 34603 ARTICLE VII INCORPORATOR	<b>&gt;</b> 
The name and address of the Incorporator is:	
MARK CARTER P.O. BOD 10377 BROOKSVILLE, FL. 34603-0377	
********************************	********
Having been named as registered agent to accept service of process for the above stated corp certificate, I am familiar with and accept the appointment as registered agent and agree to ac	poration at the place designated in this
Mark Conta Signature/Registered Agent	Mov. 26, 2001  Date
Signature/Registered Agent	n 1
Mark Carter Signature/Incorporator	1000 26,2001 Date