

TRANSMITTAL LETTER

P02000004391

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

RECEIVED
AND
FILED
02 JAN 14 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: ASSOCIATION INSURANCE MANAGERS INC.
(Proposed corporate name - must include suffix)

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: Gerald B. Livingston
Name (Printed or typed)

500004773445--9
-01/14/02--01028--019
****175.00 ****87.50

P. O. Box 2151
Address

Orlando FL 32802
City, State & Zip

(407) 422-2524
Daytime Telephone number

RECEIVED
02 JAN 14 PM 1:32
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

JP 1/14

**ARTICLES OF INCORPORATION
OF
ASSOCIATION INSURANCE MANAGERS, INC.**

APPROVED
AND
FILED
02 JAN 14 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, for the purposes of forming a corporation under the Florida General Corporations Act, do hereby adopt the following Articles of Incorporation:

ARTICLE I

NAME OF CORPORATION:

The name of this corporation shall be:
Association Insurance Managers, Inc.

ARTICLE II

ADDRESS OF THE CORPORATION:

The street address of the initial principal office of the corporation is: 612 E. Colonial Drive, Suite 350, Orlando, Florida 32803.

ARTICLE III

CORPORATION EXISTENCE:

This corporation shall exist perpetually unless dissolved according to law.

ARTICLE IV

GENERAL NATURE OF BUSINESS:

The general purposes for which the corporation is organized are:

1. To transact any lawful business for which corporations may be incorporated under the Florida General Corporations Act, or engage in any other trade or business.

2. To do such other things as are incidental to the foregoing or necessary or desirable to accomplish the foregoing.

3. Enter into any lawful arrangements for sharing profits and losses in any transaction or transactions, and to promote and organize other corporations.

ARTICLE V

CAPITAL STOCK:

The aggregate number of shares which the corporation is authorized to issue is One Thousand Shares (1,000). The shares shall be of a single class and shall have a par value of One Dollar (\$1.00) per share.

ARTICLE VI

INCORPORATOR:

The name and address of the incorporator is:

Gerald S. Livingston, Esquire
612 E. Colonial Drive, Suite 350
Orlando, Florida 32803

ARTICLE VIII

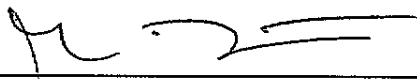
REGISTERED AGENT:

The name and address of the initial registered agent of this corporation is:


Gerald S. Livingston, Esquire, 612 E. Colonial Drive, Suite 350, Orlando, Florida 32803.

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 as provided for in Chapter 608, Fla. Stat.


Gerald S. Livingston, Esquire
Registered Agent

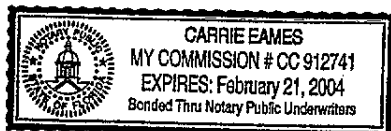
IN WITNESS WHEREOF, I, the undersigned, being the original subscriber to the capital stock of Association Insurance Managers, Inc., hereinabove named, have hereunto set my hand and seal this 11th day of January, 2002.


Gerald S. Livingston, Esquire

STATE OF FLORIDA
COUNTY OF ORANGE

I HEREBY CERTIFY that on this day, personally appeared before me, the undersigned authority, Gerald S. Livingston, who is personally known to me, and who executed the foregoing Articles of Incorporation and he acknowledged before me that he executed the said Articles of Incorporation as his free and voluntary act and deed for the uses and purposes therein set forth and expressed.

11th WITNESS my hand and official seal in the County and State last aforesaid day of January, 2002.



(SEAL)


Notary Public
State of Florida

My commission expires:

2/21/04

02 JAN 14 PM 1:47
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

APPROVED
AND
FILED