Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SUBJECT: Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 \$87,50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Mary Brown
Name (Printed or typed) 7840 GLADES RD STE 230 BOCA RATON FL 33486
CITY STORE & Zio

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

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:
ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:
7840 GLADES TOD STE 230 BOCA RATION, FL 33434
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:
INSURANCE SALES
ARTICLE IV SHARES The number of shares of stock is:
100
ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es):
Mary A. BROWN 21675 CROMWELL CIR
BOCA RATON, FL 33486
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:
MARY A-BROWN 21675 CROMWELL CIR BOCA RATON, FL 33486
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
Mary A. Brown
MARY A. BROWN 21675 CROMWELL CIR BOCA RATON, FL 33486
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this cartificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
Signature/Refristened Agent 01/18/82
May Date
Signature/Incorporator Date