TRANSMITTAL LETTER 0200023924

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

| SUBJECT: John Joung Tosus ance Agency Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) | | | | | |
|---|--|-------------------------------------|--|---------------------------------------|--|
| | | | 0 00049 29; -02/15/020; ******70.00 | 1428 1019-025 *****70.00 | |
| 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 | | |
| 4 | , | ADDITIONAL CO | PY REQUIRED | , | |
| FROM: | Robert Name (Pri | Bedford nted or typed) | | · · · · · · · · · · · · · · · · · · · | |
| No. | Po Box 48295 Address Address | | | | |
| 6 | St Potes City, S | sbug F 3 tate & Zip | HASSEF F | | |
| | Daytime Tele | 337 44 of ephone number | STATE | | |

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

03-04-02/



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 20, 2002

ROBERT BEDFORD P.O. BOX 48295 ST PETERSBURG, FL 33743

SUBJECT: TOM YOUNG INSURANCE AGENCY, INC.

Ref. Number: W02000004948

We have received your document for TOM YOUNG INSURANCE AGENCY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the corporation's principal office and/or a mailing address in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Letter Number: 202A00010476

Tim Burch Document Specialist New Filing Section

| 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: | - |
| Tom Young Insurance Agency, Inc | |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 506 Ho Fruitlese | enlet Court of Park, F |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: | 34731 |
| Seater A professione Corporation | |
| ARTICLE IV SHARES The number of shares of stock is: | |
| 1,000 | |
| ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): | en de la companya de |
| Thomas Young | |
| 506 Hamler Court | Z.HAR LI AHA |
| Fruit and Park, F 34731 | SSE -5 |
| ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: | OF STA |
| 506 Harrier Cour | |
| ARTICLE VII INCORPORATOR | |
| The name and address of the Incorporator is: | |
| Robert Bedford | |
| PB Bay 48295 | |
| St Port 33743-8295 | • |
| ************************************** | oration at the place designated in this |
| certificate, I am familiar with and accept the appointment as registered agent and agree to ac | t in inis capacity |
| Thomas you | 5005 |
| Signature/Registered Agent | Date |
| 0. 5 30 | .(.)- |

Date

Signature/Incorporator