## P020000 a4 726

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

SUBJECT: TAI	MI SATTERFIELD INSUR (PROPOSED CORPORAT	ANCE AGENCY, IN TENAME-MUSTINCLI	IC. DE SUFFIX)				
Enclosed is an origina	al and one(1) copy of the article			7501002556			
\$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 o Status	of			
FROM:	TAMI SATTERFIELD T Name (Pri	NSURANCE AGENCY nted or typed)	, INC.				
Address Address							
		33334 tate & Zip	AHASSEE.				
u)	954-563-0424 Daytime Tel	ephone number	F STATE FLORIDA	ED 1:08			

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

Tami Satterfield GAVE
AUTHORIZATION BY PHONE TO
CORRECT Name:
DATE 3/4/02
more man Anst

No of

ARTICLE I	NAME			OS SE	
	corporation shall be:		, , . •	CRET LAH	-
Tami Satterfield In	nsurance Agency, Inc.	i		28 ARY	C Court September
ARTICLE II The principal plac	PRINCIPAL OFFIC	<u>CE</u> ddress is:	- · .	PM 1:08 OF STATE (E.FLORID)	
840 E. Oakland F Ft. Lauderdale, F	Park Blvd., Suite 118 L 33334			Þ	
ARTICLE III The purpose for v	PURPOSE which the corporation is	organized is:	= • •	- 4.	
Insurance Sales					
ARTICLE IV The number of st	SHARES nares of stock is:		· · · · · · · · · · · · · · · · · · ·		-
1000					
ARTICLE V The name(s) and	INTIAL OFFICERS address (es):	MDIRECTORS (opt	ional)		
Tami Satterfield 840 E. Oakland F Ft. Lauderdale, F	Park Blvd., Suite 118 L 33334				
ARTICLE VI The name and ac	REGISTERED AGI		<del>-</del> .		
Tami Satterfield 840 E. Oakland F Ft. Lauderdale, F	Park Blvd., Suite 118 L 33334				
Having been named	as registered agent to accepticate, I am familiar with and a	ot service of process fo	or the above stated	d comoration at th	e n
· / \~	Tudield	`*\* <sup>†</sup> <b>1</b>	1210/02		