Parament of State TRANSMITTAL LETTER 200827027

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

SUBJECT: CAREY INSURANCE and FINANCIAL Services INC. (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)				
900050401596 -03/04/0201044014 *****87.50 *****87.50				
Enclosed are 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 CO	PY REQUIRED	
FROM:	Joseph M. Name (Carey Printed or typed) Side Blyd Iddress	RY OF STATE SSEEF FLORIDA	
-	JAX. Fl. City,	32216 State & Zip		
-	904 - 720 Daytime Te	O – OO 5 O		
			Novi	

 $\label{eq:NOTE:Please provide the original and one copy of the articles.}$

03-12-6



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 8, 2002

JOSEPH M. CAREY 1840 SOUTHSIDE BLVD #3D JACKSONVILLE, FL 32216

SUBJECT: CAREY INSURANCE AND FINANCIAL SERVICE INC.

Ref. Number: W02000006576

We have received your document for CAREY INSURANCE AND FINANCIAL SERVICE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

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.

Tim Burch **Document Specialist** New Filing Section

Letter Number: 602A00014099

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: CAREY INSURANCE and FINANCIAR SERVICES INC.
Services INC.
ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:
The principal place of business/mailing address is: 1840 Southside Blud. Suite 30 30 430 500 Hside Blud. Suite 30 30 30 30 30 30 30 30 30 30 30 30 30
ARTICLE III PURPOSE Jacksonville, Florida 322 16
The purpose for which the
and the services of Redirement planning and to an ite
This corporation will fe, Health, Disability, Auto and Instruct
Provide the services of Redirement planning and to provide Insurance Products in the areas of life, Health, Disability, Auto and Long Term CATARTICLE IV SHARES The number of shares of stock is: 100
The number of snares of stock is: 100
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):
Joseph Martin Carey / President
Joseph Martin Carey / President 3333 Monument Rd. 41115
JAX. Fl. 32225
ARTICLE VI REGISTERED AGENT
Inc name and Florida street address and the state of the
3333 Monument Rd. #1115
JACKSONVIlle, Florida 32225
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
Joseph M. CArey 3333 MONUMENTROL # 1115
Tackspayille Fl. 37725
#*************************************
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
- TO THE ME WILL COUNTY

Signature/Registered Agent
Incorporator