TRANSMITTAL LETTER

P02000031032

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

SUBJECT: The LARSon Insurance Group, Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

900005110069--2
-03/15/02--01029--027
*****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 COPY REQUIRED

FROM: Will R. LARSon
Name (Printed or typed)

458 Scotland Street
Address

Dunedin, FL. 34698
City, State & Zip

(727) 736-8006
Daytime Telephone number

FILED
02 MAR 15 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 MAR 15 PM 12:29

ARTICLE I NAME

The name of the corporation shall be:

The LARSon Insurance Group, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

458 Scotland Street
Dunedin FL 34698

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Life / Health + Annuity Insurance Brokerage

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Will R. LARSon
458 Scotland Street
Dunedin, FL. 34698
Director, President, Secretary, Treasurer

Mary Katherine LARSon
458 Scotland Street
Dunedin, FL. 34698
Vice President

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

Will R. LARSon
458 Scotland Street
Dunedin FL. 34698

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Will R LARSon
458 Scotland Street
Dunedin, FL. 34698

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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 certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Will R. LARSon — Signature/Registered Agent — 3/13/02 — Date

Will R. LARSon — Signature/Incorporator — 3/13/02 — Date