## Department of State Division of Corporations P. O. Box 6327

SUBJECT: Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$70.00 **\$78.75** \$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

Tallahassee, FL 32314

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

407-330-5951 Daytime Telephone number

98/5

| * In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)  |   |
|---|---|
| ARTICLE I NAME  |   |
| The name of the corporation shall be:   | J. 1                                    |
| JOSEPH P. ARGURIO INC.  | 02 A                                    |
| ARTICLE II PRINCIPAL OFFICE   | CRET AUG                                |
| The principal place of business/mailing address is:   | IL<br>-2<br>ARN<br>SSM                  |
| 104 SALITLOG PLACE  |   |
| SAN FORD, FL. 32771   | AM II: 08                               |
| ARTICLE III PURPOSE   | 081<br>17A1<br>1081                     |
| The purpose for which the corporation is organized is:  |   |
| INSURANCE IN SPECTIONS  | ege e e e e e e e e e e e e e e e e e e |
| ARTICLE IV SHARES The number of shares of stock is:   | ag graphic - <u>community</u>           |
|   |   |
| ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)   |   |
| The name(s), address(es) and title(s):  | ·                                       |
| JOSEPH P. ARGURIO - PRES, V.D. , TREASURER  |   |
| MICKY M. ARGURIO - SECRETARY  |   |
| · · · · · · · · · · · · · · · · · · ·   |   |
|   |   |
| ARTICLE VI REGISTERED AGENT   |   |
| The name and Florida street address of the registered agent is:   | - ·                                     |
| JOSEPH PAREURIO   |   |
| 104 SPLIT LOS PLACE   |   |
| SANFORD, FL 3277/   |   |
| ARTICLE VII INCORPORATOR  |   |
| The name and address of the Incorporator is:  |   |
| JOSEPH P. ARGURIO<br>104 SPLITLOS PLACE   |   |
| SANFORD, FL. 3277/  |   |
| **************************************  | ******                                  |
| Having been named as registered agent to accept service of process for the above stated corporation at the place certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity | e designated in this                    |
|   | ,                                       |
| 7/26  | 50-2                                    |
| Signature/Registered Agent Date   |   |
|   | /                                       |
| 7/26  | 102                                     |
| Signature/Incorporator Date   | <i>,</i> - · · ·                        |