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TRANSMITTAL LETTER

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

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SUBJECT: ___Robertson-Dix Insurance inc.___
(PROPOSED CORPORATE NAME – **MUST INCLUDE SUFFIX**)

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: ___Iselane Robertson-Dix___
Name (Printed or typed)

___5726 N.W. 43rd RD___
Address

___Gainesville Fl 32606___
City, State & Zip

___(352) 336-0900___
Daytime Telephone number

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)

ARTICLE I   NAME

The name of the corporation shall be:

Robertson - Dix Insurance, inc.

ARTICLE II   PRINCIPAL OFFICE

The principal place of business/mailing address is:

1408 NW 6th Street
Suite B
Gainesville, Fl 32601

ARTICLE III   PURPOSE

The purpose for which the corporation is organized is:

Sell Insurance

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):

Tselane Robertson-Dix (Owner / President)
5726 N.W. 43rd Rd
Gainesville, Fl 32606

ARTICLE VI   REGISTERED AGENT

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

Tselane Robertson - Dix
5726 N.W. 43rd Rd
Gainesville, Fl 32606

ARTICLE VII   INCORPORATOR

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

Tselane Robertson - Dix
5726 N.W. 43rd RD
Gainesville, Fl 32606

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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

Signature/Registered Agent	Date
[signature]	8/12/02

Signature/Incorporator	Date
[signature]	8/12/02