TRANSMITTAL LETTER

P02000105558

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

SUBJECT: INSURANCE ASSOCIATES OF FLORIDA 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: NICOLE K METTEN
Name (Printed or typed)

209 N LEWIS ST
Address

800008069458--3
-----78.75 *****78.75

SALINE, MI 48176
City, State & Zip

734 4298447
Daytime Telephone number

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

FILED
02 SEP 27 PM 1:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

INSURANCE ASSOCIATES of FLORIDA INC.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

209 N LEWIS ST
SALINE, MI 48176

/ MAILING ADDRESS
PO Box 7333
WESLEY CHAPEL, FL 33544

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INSURANCE AND FINANCIAL PRODUCTS

ARTICLE IV SHARES

The number of shares of stock is:

SEVEN THOUSAND (7000) SHARES OF COMMON STOCK
HAVING A PAR VALUE OF (1.00) ONE DOLLAR PER SHARE

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

BRYAN F HARDY 39013 CENTRAL AVE ZEPHYRHILLS, FL 33540 - PRESIDENT
PAMELA K HARDY 39013 CENTRAL AVE ZEPHYRHILLS, FL SECRETARY/TREASURER
NICOLE K METTER 209 N LEWIS ST SALINE, MI 48176 - DIRECTOR

ARTICLE VI REGISTERED AGENT

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

MERLIN LEDYARD
9515 SUNSHINE BLVD.
NEW PORT RICHEY, FL 34654

ARTICLE VII INCORPORATOR

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

NICOLE K. METTER
209 N LEWIS ST
SALINE, MI 48176

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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 — 9/17/02 Date

Signature/Incorporator — 09/22/02 Date