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(City/State/Zip/Phone #)

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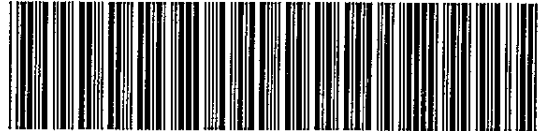
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
03 MAR -5 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Williams 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Stanley L. Williams
Name (Printed or typed)

6672 Crooked Creek Rd.
Address

Tallahassee, FL 32311
City, State & Zip

(850) 942-2323 ext. 19
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: Williams Insurance, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 6672 Crooked Creek Road
Tallahassee, FL 32311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Insurance

ARTICLE IV SHARES

The number of shares of stock is: 20

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Stanley L. Williams - President & Treasurer
Dana M. Williams - Vice President & Secretary

6672 Crooked Creek Rd., Tallahassee, FL 32311

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: Stanley L. Williams
6672 Crooked Creek Rd.
Tallahassee, FL 32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Stanley L. Williams
6672 Crooked Creek Rd.
Tallahassee, FL 32311

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

Stanley L. Williams
Signature/Registered Agent

3-3-03
Date

Stanley L. Williams
Signature/Incorporator

3-3-03
Date

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TALLAHASSEE, FLORIDA