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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

## TRANSMITTAL LETTER

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

**SUBJECT:** AMERICAN INSTITUTE OF INSURANCE CONTINUING EDUCATION, 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:** KENNETH R. TONEY  
Name (Printed or typed)

972 NORTH RONALD REAGAN BOULEVARD  
Address

LONGWOOD, FLORIDA 32750  
City, State & Zip

407-463-8264  
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)

**FILED**

03 OCT 13 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

AMERICAN INSTITUTE OF INSURANCE CONTINUING EDUCATION, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

972 NORTH RONALD REAGAN BOULEVARD, LONGWOOD, FLORIDA 32750

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

INSURANCE LICENSE PREPARATION, INSURANCE CONTINUING EDUCATION, INSURANCE PROFESSIONAL DEVELOPMENT.

**ARTICLE IV SHARES**

The number of shares of stock is:

10,000 OF COMMON STOCK

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

KENNETH R. TONEY, PRESIDENT, TREASURER & SECRETARY

**ARTICLE VI REGISTERED AGENT**

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

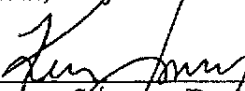
KENNETH R. TONEY  
3217 TIDAL POOL COVE  
LAKE MARY, FLORIDA 32746

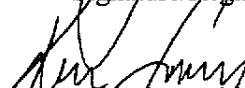
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

KENNETH R. TONEY  
3217 TIDAL POOL COVE  
LAKE MARY, FLORIDA 32746

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Signature/Incorporator

Date 10/06/03  
10/06/03  
Date