

PO3000115601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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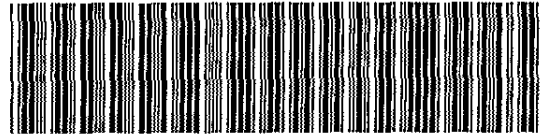
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: ASSURANCE FUNDING GROUP INC.

(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

J. DAVID CAMPBELL

Name (Printed or typed)

2805 TAMiami TRAIL

Address

PUNTA GORDA, FL 33950

City, State & Zip

941-639-0680

Daytime Telephone Number

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

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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:

ASSURANCE FUNDING GROUP INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

**3301 BONITA BEACH RD. SUITE 212
BONITA SPRINGS, FLORIDA 34134**

ARTICLE III SHARES

The number of shares of stock is:

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

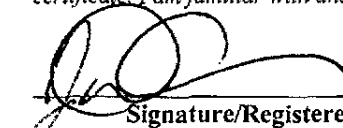
**J. DAVID CAMPBELL
2805 TAMiami TRAIL
PUNTA GORDA, FLORIDA 33950**

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

**LEWIS L. STRICKLER
3301 BONITA BEACH RD. SUITE 212
BONITA SPRINGS, FLORIDA 34134**

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

10/8/03

Date



Signature/Incorporator

10/8/03

Date