Po3000119342

*

(Re	questor's Name)			
(0.4)	(drage)			
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certif <u>i</u> cates	s of Status		
Special Instructions to Filing Officer:				
1				
1				





000023336800

10/20/03--01017--001 **87.50

SECRETARY OF STATE ATALLARY OF

BR 10/24

TRANSMITTAL LETTER

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

	(i itoi osis osii oi	<u> </u>		
Englaced am an ari	ainst and ano (1) some of the ar	tiolog of incorporation and	a chack for	
Enclosed are an org	ginal and one (1) copy of the ar	ucies of incorporation and	a check for,	
□ \$70.00	□ \$78.75	\$78.75	\$87,50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	
			Status	
		ADDITIONAL COPY REQUIRED		
FROM:	~ logN (DX			
	Nam	e (Printed or typed)		
Au America Cal				
2111 RIDGE WOODHV				
Address				
	Conce has	1-1 2312	2	
	COGUNTUC,	TL 0010	0	
	Cit	y, State & Zip		
201/100 2012				
	204194011	2000		
/ / Daytime Telephone number				

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

CORRECT OAT IN DATE 10 - 24 - 0.3

DOC. EXAM BR

OS AUG 26 AM 9: 55



August 26, 2003

JOAN COX 2111 RIDGEWOOD AVE EDGEWATER, FL 32132

SUBJECT: AA ARMSTRONG INSURANCE INC.

Ref. Number: W03000024346

We have received your document for AA ARMSTRONG INSURANCE INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$87.50.

The registered agent and street address must be consistent wherever it appears in your document.

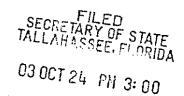
Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6919.

Beth Register Document Specialist Supervisor New Filings Section

Letter Number: 703A00048114

ARTICLES OF INCORPORATION OF AA ARMSTRONG INSURANCE INC.



ARTICLE I. NAME

The name of this corporation shall be AA ARMSTRONG INSURANCE INC...

ARTICLE II. COMMENCEMENT & DURATION

The commencement of this corporation's existence shall be at the time of the filing of these Articles Of Incorporation by the State of <u>FLORIDA</u>. This corporation's duration shall be perpetual.

ARTICLE III. PURPOSE

This corporation is being organized for the purpose of engaging in the transaction of any and all business activities permitted under the laws of the State of <u>FLORIDA</u> and the United States Of America.

ARTICLE IV. CAPITAL STOCK

This corporation shall have the authority to issue 1,000 shares of common capital stock at \$1 par value.

ARTICLE V. PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash by this corporation of any shares of new capital stock of the same kind, class, or series, as that which the shareholder already holds, shall have the preemptive right to purchase a pro rata share thereof (as nearly as may be done without the issuance of fractional shares) at the price at which such shares are offered to others.

ARTICLE VI. TRANSFER RESTRICTIONS

No shareholder shall have the right to sell, assign, pledge, encumber, transfer, or otherwise dispose of any shares of the capital stock of this corporation, without first offering such shares for sale to this corporation at the net asset value thereof. Such offer shall be in writing, signed by the shareholder, sent by registered or certified mail to this corporation at its registered office address, and open for acceptance by this corporation for a period of fifteen days from the date of mailing. If this corporation fails or refuses, within such period, to make satisfactory arrangements for the purchase of such shares, the shareholder shall have the right to dispose of such shares without any further restrictions.

On the death of any shareholder, this corporation shall have the right to purchase any shares of the capital stock of this corporation owned by the shareholder immediately prior to the shareholder's death, on the terms set forth above, and this provision shall be binding upon the personal representative of the shareholder.

Each stock certificate issued by this corporation shall carry the following legend:

"These Shares Are Held Subject To Certain Transfer Restrictions Imposed By This Corporation's Articles Of Incorporation, A Copy Of Which Is On File At This Corporation's Principal Office."

ARTICLE VII. INITIAL BOARD OF DIRECTORS

The number of directors on this corporation's Initial Board Of Directors shall be 1. The number of directors may be increased or decreased from time to time, as provided in this corporation's bylaws, but shall never be less than one.

The name and address of each individual who shall serve as a member of the Initial Board Of Directors and officer's is/are:

JOAN COX, 162 GODFREY RD, EDGEWATER, FL 32141

ARTICLE VIII. INDEMNIFICATION

This corporation shall indemnify any officer, director, employee, or agent, and any former officer, director, employee, or agent, to the full extent permitted by law.

ARTICLE IX. PRINCIPAL OFFICE & INITIAL REGISTERED OFFICE & AGENT

The address of this corporation's principal office and the address of this corporation's initial registered office shall be:

2111 RIDGEWOOD AV, EDGEWATER, FL.

The name of the individual who shall serve as this corporation's initial registered agent at that address is:

JOAN COX.

ARTICLE X. INCORPORATOR

The name and address of the individual who shall serve as this corporation's incorporator are:

JOAN COX, 162 GODFREY RD, EDGEWATER, FL 32141

ARTICLE XI. AMENDMENT

This corporation reserves the right to amend or repeal any provisions in these Articles Of Incorporation, or any amendments hereto. Any rights conferred upon the shareholders shall be subject to this reservation.

Incorporator

I hereby accept my designation as resident agent and agree to serve as the registered agent of AA ARMSTRONG INSURANCE INC.. I hereby state that I am familiar with and accept the duties and responsibilities as registered agent for AA ARMSTRONG INSURANCE INC..

Registered Agent