

P04000016085

(Requestor's Name)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1-27-05

TRANSMITTAL LETTER

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

SUBJECT: Premier Travel Protection, 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: Edward M. Johnson, Premier Travel Protection

Name (Printed or typed)

2625 N. Main Street, Suite 203

Address

Crossville, TN 38555

City, State & Zip

931-707-5655

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:

Premier Travel Protection, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1050 Highway 98, Suite 1704

Destin, Florida

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Selling service contracts for trip protection

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Edward M. Johnson, President, Director

P.O. Box 2688

Crossville, TN 38557

ARTICLE VI REGISTERED AGENT

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

Edward M. Johnson

1050 Hiway 98, Suite 1704

Destin, Florida

ARTICLE VII INCORPORATOR

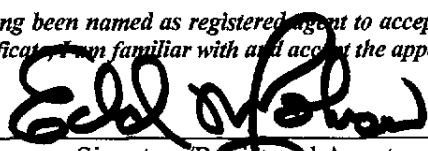
The name and address of the Incorporator is:

Edward M. Johnson

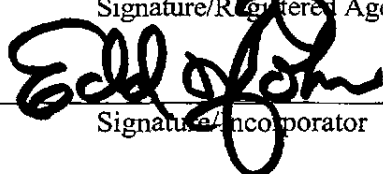
P.O. Box 2688

Crossville, TN 38555

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

1-13-2004

Date

1-13-2004

Date