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SECRETARY OF STATE OF

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· TRANSMITTAL LETTER

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

SUBJECT:	CDH & Associates Inc.			
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation an	d a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	156 Erookside Palm Harbor, F	e (Printed or typed) Court Address L 34683 V. State & Zip		
	Daytime	Telephone number	<u> </u>	

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

ARTICLES OF INCORPORATION

In compliance with Chapter 507 and/or Chapter 621, F.S. (Profit)

NAME ARTICLE I

The name of the corporation shall be:

CDH & Associates Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

156 Ercokside Court 34683

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Marketing of insurance services.

ARTICLE IV

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ARTICLE VI REGISTERED AGENT

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

John M. Popson, Esq. 156 Brookside Court Falm Harbor, FL 34683

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

John M. Popson, Esq. 156 Brookside Court Palm Harbor, FL 34683

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/Incorporator