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TRANSMITTAL LETTER

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

sed are an orig	inal and one (1) copy of the artic	cles of incorporation and	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: Ge	orge Coufal Name	(Printed or typed)		
	Name	, ,		
	Name	(Printed or typed) Address		
	Name 9690 NW 25th Court Sunrise Fl 33322	, ,		

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

The name of the corporation shall be:

GFC Insurance inc

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is: 9690 NW 25th Court Sunrise FL 33322

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: Sell insurance and annuities

ARTICLE IV SHARES

The number of shares of stock is:

1

INITIAL OFFICERS AND/OR DIRECTORS

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

9690 NW 25th Court , Sunrise FI 33322 George F Coufal President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

George F Coufal 9690 NW 25th Court, Sunrise Fl 33322

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

George Coufal 9690 NW 25th Court, Sunrise Fl 33322

d 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

ture/Registered Agent

ture/Incorporator