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TRANSMITTAL LETTER

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

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SUBJECT: ADVISORS INSURANCE & FINANCIAL SERVICES, 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 Status

ADDITIONAL COPY REQUIRED

FROM: MARIAM WILLIAMS

Name (Printed or typed)

9537 Pecky Cypress Way

Address

Orlando, Florida 32811

City, State & Zip

(407) 857-5433

Daytime Telephone number

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

ARTICLES OF INCORPORATION OF ADVISORS INSURANCE & FINANCIAL SERVICES In compliance with Chapter 607 and/or Chapter 621, F.S, (Profit)

ARTICLE I NAME

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The name of the corporation shall be Advisors Insurance & Financial Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business for the corporation shall be 7951 South Orange Blossom Trail, Orlando, Florida 32809. The mailing address for the corporation shall be 9537 Pecky Cypress Way, Orlando, Florida 32836.

ARTICLE III PURPOSE

This corporation is to engage in all lawful businesses and investments, including all powers necessary or convenient to affect its purposes, and the officers and directors are duly authorized to arrange the business and regulate the affairs of the corporation.

ARTICLE IV SHARES

This corporation is authorized to issue One Hundred (100) shares of Common Stock.

ARTICLE V VOTING RIGHTS

Except as otherwise provided by law, the entire voting power for the election of directors and for all other purposes shall be vested exclusively in the holders of the outstanding Common Stock of the corporation.

ARTICLE VI INITIAL OFFICERS AND/OR DIRECTORS

This corporation shall have one (1) director initially. The number of directors may be either increased or diminished from time to time by the by-laws, but shall never be less than one (1). The name and address of the initial director of this corporation shall be:

Mariam Williams President/Chief Executive Officer-CEO/Treasurer/Secretary 9537 Pecky Cypress Way Orlando, Florida 32836

ARTICLE VII INITIAL REGISTERED OFFICE, REGISTERED AGENT AND RESIDENT AGENT

The street address of the initial registered office of this corporation is 7951 South Orange Blossom Trail, Orlando, Florida 32809. The name of the initial registered agent and resident agent of this corporation is Mariam Williams.

ARTICLE VIII INCORPORATOR

The name and address of the persons signing these Articles of Incorporation as an Incorporator is:

> Mariam Williams 9537 Pecky Cypress Way Orlando, Florida 32836

ARTICLE IX DURATION

This corporation shall have perpetual existence.

ARTICLE X AMENDMENT

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

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

2/28/05 Date 2/28/05

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this <u>28</u> day of <u>Fibuury</u>, 2005; this date the undersigned adopts these Articles of Incorporation.

Willand

Mariam Williams

STATE OF FLORIDA. COUNTY OF

BEFORE ME, A Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared Mariam Williams to me know to be the person who executed the foregoing Articles of Incorporation or who has produced a State of Florida Driver's License No. W452-540-69-7890, and she acknowledged to and before me that she executed said Articles of Incorporation for the purposes therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal in the State and County aforesaid this 28 day of <u>Fubury</u>, 2005.



Mary Jen Bacher SIGNATURE OF NOTARY PUBLIC Notary's name: Mary Jean Bacher
SIGNATURE OF NOTARY PUBLIC
Notary's name: Mary Jean Bacher
My Commission Expires: 10/22/07

ACCEPTANCE

I HEREBY ACCEPT the appointment to act in the capacity of Registered Agent and Resident Agent and agree to comply with the provisions of the laws of the State of Florida relative to keeping the said office open.

Mariam Williams

STATE OF FLORIDA. COUNTY OF Juilles

BEFORE ME, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared Mariam Williams to me known to be the person who executed the foregoing Acceptance or who has produced a State of Florida Driver's License No. W452-540.69-7890; and she acknowledged to and before me that she executed said acceptance of appointment as registered agent for the purposes therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal in the State and County aforesaid this <u>28</u> day of <u>Fubruary</u>, 2005.

Mary Jean Bucher SIGNATURE OF NOTARY PUBLIC Notary's Name: Marylean Bacher My Commission Expires: 10/22/07

