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TRANSMITTAL LETTER

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

SUBJECT:	Lanier Insurance Corp.			
(PROPOSED CORPORATE NAME - MUSTLINGLUDE 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 & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Linda H. Lar Name	NCT (Printed or typed)		
	adaa SW Rive	unside Drive	<u>)</u>	
	Palm City Fig.	34990 State & Zip		
(772) 285-5083				

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:	nier Insurance CEMED		
ARTICLE II PRINCIPAL OFFICE	ZOOS MAY 16 A 8: 31		
The principal place of business/mailing address	is: aaaa SWITHTHE STEET LAND OF STATE PROPERTY OF STATE O		
The purpose for which the corporation is organ	nized is: and administration of insurance.		
ARTICLE IV SHARES The number of shares of stock is:	shares of common stock authorized		
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS			
List name(s), address(es) and specific title(s):			
Linda H. Lanier, 22	aa sw Riverside Isr, Falm City FI 34991		
ARTICLE VI REGISTERED AGE			
The name and Florida street address (P.O. Bo			
Linda H. Lanier, 2222 5	ow Riverside Dr., Palm City FI 34991		
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:			
Linda H. Lanier			
agaa sw Riverside t	scile.		
Adm City FL 34990			
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	<u> হ তে তির</u> Date		
finda D. farier	5/13/05		
Signature/Incorporator	Date		

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