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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : WILKINS, FROHLICH, JONES, RUSSELL, HANAOKA \$ MIZELL,

Account Number : 120040000082 : (941)429-1871 Phone Fax Number : (941)429-8961

FLORIDA PROFIT CORPORATION OR

Matthews Insurance Agency, Inc.

Certificate of Status	0
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Page Count	04
Estimated Charge	\$70.00

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Articles of Incorporation

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Matthews Insurance Agency, Inc.



The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, does hereby sign and direct these articles to be delivered to the Department of State, State of Florida for the purpose of forming a corporation under the laws of the State of Florida.

ARTICLE 1. - NAME

The name of this corporation is Matthews Insurance Agency, Inc. and their principal address is 14939 S. Tamiami Trail, North Port, Florida 34287.

ARTICLE 2. - DURATION OF CORPORATE EXISTENCE

This corporation shall exist perpetually.

ARTICLE 3. - PURPOSES

The general purposes for which this corporation is organized include the transaction of any or all lawful business for which corporations may be incorporated under the provisions of Chapter 607, Florida Statutes, as the same now exists or as it may hereafter be changed.

ARTICLE 4. - CAPITAL STOCK

The aggregate number of shares of stock this corporation is authorized to have outstanding at any time is 100 shares of common stock having a par value of \$1.00 per share. There shall be no other type or class of stock.

ARTICLE 5. - ADDRESS AND REGISTERED AGENT

The street address of the initial registered office of this corporation shall be 14939 S. Tamiami Trail, North Port, Florida 34287. The name of the initial registered agent at such

Wilkins, Profilcti, Jones, Russell. Hanacka r Mezell, Pa-Profilogoral Association Attorneys at Law

PORT CHARLOTTE, PLORIDA

address is Sharon Matthews.

ARTICLE 6. - DIRECTORS

This corporation shall have one director initially. The number of directors may be increased or decreased from time to time by bylaws adopted by the shareholders, but shall never be less than one nor more than three.

ARTICLE 7. - INITIAL DIRECTOR

The name and post office address of the initial director is:

NAME

ADDRESS

Sharon Matthews

14939 S. Tamiami Trail North Port, FL 34287

ARTICLE 8. - INCORPORATOR

The name and post office address of the incorporator of this corporation is:

NAME

ADDRESS

Sharon Matthews

14939 S. Tamiami Trail North Port, FL 34287

ARTICLE 9. - AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders and approved at a stockholders' meeting by a majority of the stock entitled to vote thereon, unless all the directors and all the stockholders sign a written statement manifesting their intention that a certain amendment to these Articles of Incorporation be made.

Wilking, Frohiled, Johes, Riesell, Hanadea & Mizell, Pa. Professional Abbociation Attorning at Law

PORT CHARLOTTS, FLORIDA

IN WITNESS WHEREOF, subscribed her name and affixed September , 2005.	the undersigned has hereunt her seal this day o
Stew Matthews Sign Stew Matthews Print	Sharon Matthews
Darlene M. Fielding Print	

STATE OF FLORIDA: COUNTY OF SARASOTA:

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared SHARON MATTHEWS to me known to be the person described as incorporator or who has produced Florida Drivers Ficense.

as identification, and who executed the foregoing Articles of Incorporation, and she acknowledged that she executed the same for the purposes therein stated and did not take an oath.

WITNESS my hand and official seal in the State and County aforesaid this 16^{th} day of September . 2005.

Darlene M. Fielding
MY COMMISSION # IDDITION DAMRES
July 6, 2007
BONDED THEIR TROY FARENCIASURANCE, MC

(Seal)

Darlene M. Fielding

Brief Name

Brief Name

My commission expires: July 6,2007

WILEINS, PROFILCH, JONES, RIMSHELL, HANAGKA & MIZELL YA. PROFESSIONAL ASSOCIATION ATTORNEYS AT LAW PORT CHARLOTYE, FLORIDA

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In compliance with Section 48.091, FlorIda Statutes, the following is submitted:

MATTHEWS INSURANCE AGENCY, INC., desiring to organize under the laws of
the State of Florida with its principal office, as Indicated in the Articles of Incorporation at
14939 S. Tamiami Trail, North Port, County of Sarasota, State of Florida 34287, has
designated Sharon Matthews, whose street address is 14939 S. Tamiami Trail, North Port,
County of Sarasota, State of Florida 34287, as its agent to accept service of process within
this state.

MATTHEWS INSURANCE AGENCY, INC.

<u>ACCEPTANCE</u>

Having been designated as agent to accept service of process for the above-named corporation, at the place stated in this certificate, I hereby agree to act in this capacity and to comply with the provision of said law relative to same.

Sharon Matthews