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OF INN -6 AN 9-37

SECRETARY OF STATE
ALL AUGUST SERVICED



TRANSMITTAL LETTER

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

SUBJECT: REL	ACE, ENC		
Enclosed is an original an	•	ertificate of Domestication	on and a check for:
FEES:			
Certificate of Dor Articles of Incorp Total to domestic	ooration and Certified	\$50.00 Copy <u>\$78.75</u> \$128.75	
OPTIONAL:			
Certificate of Sta	tus	\$ 8.75	
FROM:	ENNIS R /	OULIOT inted or typed)	
1330	10-56 56 C	LEVELAND A	ve STE274
70	of Myus City, S	71 3390 State & Zip	7
	952- 47: Daytime Te	3 - 000 lephone Number	

CERTIFICATE OF DOMESTICATION

Th	e undersigned, DENNIS R Poul 10T (Name)	, 1	RESIDENT	-
	(Name)		(Title)	
of	RELACE, ENC. (Corporation Name)		a fore	ign corporation,
	(Corporation Name) accordance with s. 607.1801, Florida Statutes, does here	eby certify:		
1.	The date on which corporation was first formed was _	FEB	20	<u>,2000</u> .
2.	The jurisdiction where the above named corporation we came into being was MINNESOTA	as first forn	ned, incorporat	ed, or otherwise
3.	The name of the corporation immediately prior to the f	filing of this		Domestication
4.	The name of the corporation, as set forth in its articles s. 607.0202 and 607.0401 with this certificate is	•	•	•
5.	administration of the corporation, or any other equivalent immediately before the filing of the Certificate of Dom MINICESOTA	ent jurisdict nestication v	ion under appli vas	icable law,
	Attached are Florida articles of incorporation to completo s. 607.1801. m. DWNER , of RELACE, IN		estication requ	rements pursuant
ano	d am authorized to sign this Certificate of Domestication	n on behalf	of the corporati	on and have done
	this the 3rd day of JANUARY (Authorized Signa	A-		<u>2006</u> .
		SEFECT	IVE DATE -2000	06 SECRI TALLA
	Filing Fee: Certificate of Domestication Articles of Incorporation and Certifi Total to domesticate and file	ied Copy	\$50.00 <u>\$78.75</u> \$128.75	FILED JAN -6 AM ETARY OF ST HASSEE, FLO
INH	S53 (6/04)			9 9

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARʻ	TICLE	; I	NAME

THE NAME OF THE CORPORATION SHALL BE:

RELACE, INC.

ARTICLE II PRINCIPAL OFFICE

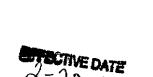
THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

13300-56 S. CLEUELAND Aue Fort MYERS FL 33907

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

INSURANCE SALES AND SERVICE



ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

1000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

DENNIS R POULIOT PRESIDENT DEBORAH A POULIOT VICE PRESIDENT

13632 GULF BREEZE ST, FORT MYERS FL 33907

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

PENNIS R POULIOT

13632 GULF BREEZE ST FORT MYENS FL 33907

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

DENNIS R POULIOT

13632 GULP BREEZE ST

FOLT MYERS FL 33907

HAVING BEEN NAMED AS REGISTERED AGENT AND 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

01/03/06 Date 01/03/06