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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT:	Belleview Insurance,	Inc.		
(Proposed corporate name - must include suffix)				
			•	
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:				
\$70.00 Filing Fee	□ \$78.75 Filing Fee	Ø\$78,75 Filing Fee	□\$87,50 Filing Fee,	
	& Certificate	& Certified Copy	Certified Copy & Certificate	
		ADDITIONAL COPY REQUIRED		
FROM:	Jarrod G. King, Esq.: Name (Printed or typed)			
rume (rimes of typos)				
	310 S.E. 8th Street			
Address				
Ocala, FI, 34471-3762				
City, State & Zip				

Declaration of the Control of the Co

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

Daytime Telephone number

ARTICLES OF INCORPORATION OF BELLEVIEW INSURANCE, INC.

The undersigned, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following articles of incorporation:

ARTICLE ONE - NAME

The name of the corporation is Belleview Insurance, Inc.

ARTICLE TWO - PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation are: 10250 S. Hwy. 441, Ste. 102, Belleview, FL 34420.

ARTICLE THREE - PURPOSE

The corporation may engage or transact in any or all lawful activities or businesses permitted under the laws of the United States, the State of Florida, or any other state, country, territory, or nation.

ARTICLE FOUR - SHARES

The aggregate number of shares that the corporation has authority to issue is five hundred (500), all of which shall be common shares.

ARTICLE FIVE - REGISTERED AGENT

The name and address of the initial registered agent are:

Shirley A. Callum 10250 S. Hwy. 441, Ste. 102 Belleview, FL 34420

ARTICLE SIX - INCORPORATOR

The name and address of the incorporator are:

Shirley A. Callum 8929 S.E. 19th Avenue Road Ocala, FL 34480

IN WITNESS WHEREOF, I have subscribed my name this day of June, 2006.

Shirley A. Callam, Incorporator

DESIGNATION AND ACCEPTANCE OF REGISTERED AGENT

Pursuant to the provisions of the laws of the State of Florida, the undersigned corporation organized under the laws of the State of Florida, submits the following statement in designating the registered agent and registered office in the State of Florida.

- (1) The name of the corporation is Belleview Insurance, Inc.
- **(2)** The name of the registered agent is Shirley A. Callum.
- (3) The address of the registered agent/registered office is 10250 S. Hwy. 441, Ste. 102, Belleview, FL 34420.

ACCEPTANCE

Having been named as registered agent and designated to accept service of process for the above corporation, I hereby accept the appointment as registered agent and agree to act in that capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: 6/19/06

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