PO700068087

/D	aguastaria Nama\	<u> </u>
(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(B	usiness Entity Nam	ne)
(De	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	y
	X /	4



300104105353

06/11/07--01030--010 **78.75

O7 JUNITE PH 4: 12

COVER LETTER

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

SUBJECT: And	ersen Insurance Group,	Inc.	
-	(PROPOSED CORPORA	TE NAME – <u>MÜST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the artic	cles of incorporation and	l a check for:
S70.00 Filing Fee	▼\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM: V	alarie L. Ferrell		
	Name	(Printed or typed)	
	2517 Snowy Egret Drive	Address	
	Jacksonville, FL 32224 City,	State & Zip	
	904-334-1305		
	Daytime T	elephone number	

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:

Andersen Insurance Group, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2517 Snowy Egret Drive Jacksonville, FL 32224

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and All Lawful Business

ARTICLE IV SHARES

The number of shares of stock is:

2000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Valarie L. Ferrell, President 2517 Snowy Egret Drive Jacksonville, FL 32224

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Valarie L. Ferrell 2517 Snowy Egret Drive Jacksonville, FL 32224

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Valarie L. Ferrell 2517 Snowy Egret Drive Jacksonville, FL 32224

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

Valance Level

Signature/Incorporator

10/8

O7 JUN | | PH 4: 12