

PD 7000091948

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FLORIDA PROFIT/NON PROFIT CORPORATION

Sterlin Insurance Agency, Inc.

Certificate of Status	1
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ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

ARTICLE I NAME

The name of the corporation shall be:

**Stierlin Insurance Agency, Inc.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**Stierlin Insurance Agency, Inc.**

**2482 SE Gowin Drive  
Port Saint Lucie, FL 34952**

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

**1,500 Shares at No Par Value**

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**William Stierlin  
2482 SE Gowin Drive  
Port Saint Lucie, FL 34952**

**Prepared By:**

**Bruce B. Hubbard  
77 East John St.  
Hicksville, New York 11801  
1-516-935-3940**

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**ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)**

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

**William Stierlin/President/Director  
2482 SE Gowin Drive  
Port Saint Lucie, FL 34952**

**ARTICLES VI INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**William Stierlin  
2482 SE Gowin Drive  
Port Saint Lucie, FL 34952**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

14th day of August 2007.

  
William Stierlin - Signature

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**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Stierlin Insurance Agency, Inc.

2. The name and address of the registered agent and office is:

William Stierlin

Name

2482 SE Gowin Drive

(P.O. Box or Mail Drop Box NOT Acceptable)

Port Saint Lucie, FL 34952

(City / State / Zip)

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*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 hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.*

  
William Stierlin  
SIGNATURE

August 14, 2007

(Date)

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