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SECRETARY OF STAT ALLAHASSEE, FLORI

As a

COVER LETTER

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

SUBJECT: WE	STON INSURANCE	e Service	is Inc.
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the artic	eles of incorporation and	a check for:
☑ \$70.00 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 PPY REQUIRED
FROM: H	usam Mohammed		
		Printed or typed)	
	5450 S. State Rd 7 Sui	te 35	
·	A	ddress	
•	Davie FL 33314		•
•	City, S	State & Zip	
	954 3435151		
•	Daytime Te	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:

Weston Insurance Services Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 5450 S. State Rd 7 Suite 35
Davie FL 33314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Insurance Services

ARTICLE IV SHARES

The number of shares of stock is:

One (1)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Husam Mohammed 1207 Skylark Dr Weston FI 33327 President

Ronald Thomas

1341 NE 17th Am #2 ft lauderdak FL 33304 Chief Operating officer 07 OCT 15 AH 9: 42
SECRETARY OF STATE
TALLAHASSEE FI OBLA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: **Husam Mohammed** 1207 Skylark Dr Weston FI 33327

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: **Husam Mohammed** 1207 Skylark Dr Weston FI 33327

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/Incorporator