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SECRETARY OF STATE
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# **COVER LETTER**

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

<sub>SUBJECT:</sub> Titani	ium Insurance, Inc.			
	(PROPOSED CORPORAT	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the artic	les of incorporation and	a check for:	
□ \$70.00	<b>□</b> \$78.75	\$78.75	<b>☑</b> \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
8	& Certificate of Status	& Certified Copy	Certified Copy	
		1,7	& Certificate of	
			Status	
		ADDITIONAL CO	PY REQUIRED	
ером. М	ike Luker			
Name (Printed or typed)				
	11554 Tamiami Trail E.			
-	A	ddress	<del></del>	
_	Naples, FL 34113			
	City, S	State & Zip		
	239-691-7611			
-	Daytime Te	lephone 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:

Titanium Insurance, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 11554-B Tamiami Trail E. Naples, FL 34113/ PO Box 990067 Naples, FL 34116



### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To sell insurance products and offer other financial services.

### ARTICLE IV SHARES

The number of shares of stock is:

1,000,000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

able) of the registered agent is:
ne above stated corporation at the place designated in this ent and agree to act in this capacity
01/14/2008
Date
01/14/2008
Date