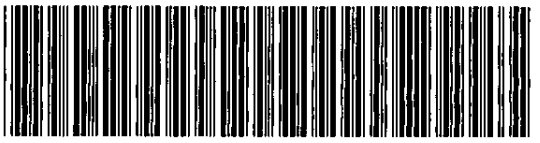


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

05/05/08--01086--025 \*\*87.50

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 MAY -5 P 12:23

FILED

80-9-5

**COVER LETTER**

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

**SUBJECT:** RAY A FORREST INSURANCE AGENCY INC.  
**(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** RAY A FORREST INSURANCE AGENCY INC.  
Name (Printed or typed)

6582 HYPOLUXO ROAD  
Address

LAKE WORTH, FLORIDA 33467  
City, State & Zip

954-389-5339  
Daytime Telephone 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:

**RAY A FORREST INSURANCE AGENCY INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

6582 HYPOLUXO ROAD  
LAKE WORTH, FLORIDA 33467

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

INSURANCE AGENCY

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

RAY FORREST - PRESIDENT  
SHERINE FORREST- VICE-PRESIDENT  
RAY FORREST JR. - TREASURER  
DOMINIQUE FORREST - SECRETARY

**ARTICLE VI REGISTERED AGENT**

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

RAY FORREST  
19342 SW 39TH STREET  
MIRAMAR, FLORIDA 33029

**ARTICLE VII INCORPORATOR**

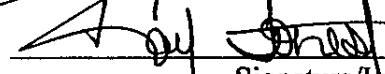
The name and address of the Incorporator is:

RAY FORREST  
19342 SW 39TH STREET  
MIRAMAR, FLORIDA 33029

\*\*\*\*\*  
*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

5.1.08  
Date

  
\_\_\_\_\_  
Signature/Incorporator

5.1.08  
Date

**FILED**  
2008 MAY -5 P 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA