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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

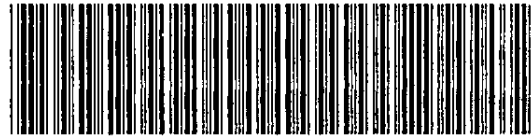
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 FEB 11 PM 4:41

2011 FEB 11 PM 4:41

FILED FEB 14 2011

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

Re: AFFORDABLE ALL LINES ISURANCE SERVICES INC.
25 Rymer Lane
Palm Coast, FL 32164

To Whom It May Concern:

I am enclosing an original and one copy of the Articles of Incorporation for the above-proposed Corporation.

Also enclosed is a check/money order in the amount of \$122.50 for payment of the following fees:

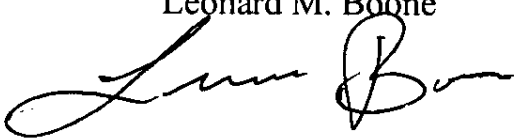
Filing Fee	\$35.00
Certified copy fee	52.50
Registered Agent fee	35.00
Charter Tax	<u>00.00</u>
 TOTAL	 \$122.50

Please file the original articles and return the certified copy to me at the above address:

Sincerely



Incorporator
Leonard M. Boone



**ARTICLES OF INCORPORATION
OF
AFFORDABLE ALL LINES INSURANCE, INC.**

ONE: The name of the Corporation is Affordable All Lines Insurance Services Inc.

TWO: The duration of the Corporation shall be perpetual.

THREE: The address of the Corporation is:
25 Rymer Lane
Palm Coast, FL 32164

FOUR: The general purpose or purposes for which this Corporation is being formed is/are to provide all lines of insurance services to all sectors of the public at an affordable cost. Consulting and all other lawful business activity for which the Corporation may be incorporated under Chapter 607 of the Florida statutes.

FIVE: The aggregate number of shares, which the Corporation shall have authority to issue is:

One Thousand (1,000) common shares having a value of \$1.00 per share.

SIX: The registered agent and the street address of the initial registered office of the Corporation in the State of Florida is:

Name

Address

Leonard M. Boone

25 Rymer Lane
Palm Coast, FL 32164

LB MS

SEVEN: The number of directors/officers constituting the initial Board of Directors is 2 and the name and address of each person who is to serve as a member thereof is as follows:

<u>Name</u>	<u>Address</u>
Leonard M. Boone President	25 Rymer Lane Palm Coast, FL 32164
Mooni Seekwar Vice President	739 Lake Biscayne Way Orlando, FL 32824

EIGHT: The name and address of the sole Incorporator is:

<u>Name</u>	<u>Address</u>
Leonard M. Boone	25 Rymer Lane Palm Coast, FL 32164

The internal affairs of the Corporation shall be governed by the By-Laws of the Corporation, which shall be adopted at first meeting of the Board of Directors.

NINE: The names and street addresses and the number of shares subscribed to by the subscribers hereto, who are also members of the first Board of Directors and who are to conduct the Business of the Corporation until those elected at the organizational meeting are:

<u>Name</u>	<u>Shares</u>
Leonard M. Boone 25 Rymer Lane Palm Coast, FL 32164	500 Shares

LB ms

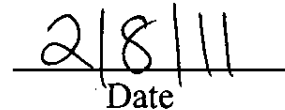
Mooni Seekwar
739 Lake Biscayne Way
Orlando, FL 32824

500 Shares

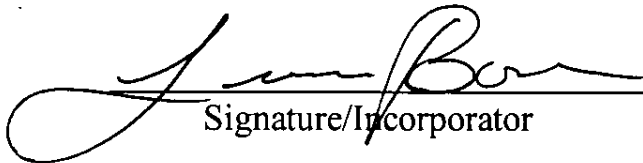
Having been named as registered agent to accept service of process for the above stated Corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



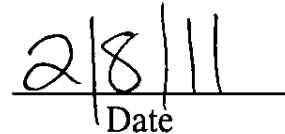
Signature/Registered Agent



Date



Signature/Incorporator



Date

STATE OF FLORIDA

COUNTY OF ~~SEMINOLE~~ *Flagler*

I, **HEREBY CERTIFY** that on this day, before me, a Notary Public authorized in the State and County named above to take acknowledgments, personally appeared to me known to be the person Leonard M. Boone, as the subscriber in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he/she subscribed to those Articles of Incorporation.

WITNESS my hand and official seal in the County and State named above this 9th day of February, 2010. 2011

2011 FEB 11 PM 4:41

FILED

Joanne Rountree

Notary Public

My commission expires: 3/2/11



JOANNE ROUNTREE
Commission DD 624371
Expires March 2, 2011
Bonded Thru Troy Fahn Insurance 800-365-7019

Personally Known _____
Identification drivers license