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COVER LETTER

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

SUBJECT: METRO TISURANCE (PROPOSED CORPORATE NAME	5 INC
(PROPOSED CORPORATE NAME	E - MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the articles of in	corporation and a check for:
* \$70.00 \$78.75 \$78.75	75 \$87.50
Filing Fee Filing Fee	g Fee Filing Fee,
& Certificate of Status & Ce	ertified Copy Certified Copy
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DAM BOWN	
FROM: DANA BROWN Name (Printed)	or typed)
460 Perch L	<u>V</u>
Address	
Sebastian, FZ, City, State & Z	32958
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772 . 646-12	25/
Daytime Telephone	number E
· · ·	number 45@ Acl.com
E-mail address: (to be used for futur	45@ ACC. Com w

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: METRO INSURANCE INC ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 460 Perch W SCHASTIAN FC 32958 ARTICLE III PURPOSE The purpose for which the corporation is organized is: INSURANCE CEADS ARTICLE IV **SHARES** The number of shares of stock is: 10,000,000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): 460 Perch LN SebASTIAN, FL 32958 DANA BROWN John Perry SAM TAXOR REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Brown 460 Perch LN SebASTIAN, FC 32958 DANA ARTICLE VII **INCORPORATOR** The name and address of the Incorporator is: BROWN 460 Perch (N SebASTIAN, FC 32958 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

Signature/Incorporator