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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch DEC 22 2011

COVER LETTER

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

SUBJECT: Complete Medigap Advisors Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

- [x] $70.00 Filing Fee
- [ ] $78.75 Filing Fee & Certificate of Status
- [ ] $78.75 Filing Fee & Certified Copy
- [ ] $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Complete Medigap Advisors Inc.
Name (Printed or typed)

505 E. Jackson Street, Suite 300
Address

Tampa, FL 33602
City, State & Zip

813-495-2128
Daytime Telephone number

alex@cia-fl.com
E-mail address: (to be used for future annual report notification)

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: Complete Medigap Advisors Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address
505 E. Jackson Street, Suite 300
Tampa, FL 33602

Mailing address, if different is:
505 E. Jackson Street, Suite 300
Tampa, FL 33602

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
To advise and provide insurance products to clients nationwide.

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alexander F. Rascionato
Address: 4904 Crofton Way
Tampa, FL 33625

Name and Title:
Address:

Name and Title: Anthony Recupero
Address: 3018 Colonial Ridge Drive
Brandon, FL 33511

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT
The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:
Name: Alexander F. Rascionato
Address: 4904 Crofton Way
Tampa, FL 33625

ARTICLE VII INCORPORATOR
The **name and address** of the Incorporator is:
Name: Alexander F. Rascionato
Address: 4904 Crofton Way
Tampa, FL 33625

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

Required Signature/Registered Agent — Date: 12/19/2011

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator — Date: 12/19/2011