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## **COVER LETTER**

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

SUBJECT: P & C Insurance Consultants, 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 \$78.75 \$78.75 **\$87.50** Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

FROM:	Christopher Dunham					
	Name (Printed or typed)					
	7999 North Federal Highway #202					
	Address					
	Boca Raton, Florida 33487					
	City, State & Zip					
	(954) 654-7772					
	Daytime Telephone number					
	chris@dunhamins.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)

	INCIPAL OFFICE Principal street address ederal Highway #202	Mailing address, if different is:			
	Florida 33487				
PUT PUT PUT purpose for which	RPOSE the corporation is organized is:	y activity or business pen	mitted under the	iaws of the	State of
				7.00 7.00	<del>3</del>
					2
FICLE IV SH number of shares o	ARES f stock is: 1,000,000				
FICLE V IN	TIAL OFFICERS AND/OR DIRECTOR	-			ui c T S
FICLE V IN		-			ui c T S
TICLE V IN	Christopher Dunham, President 7999 North Federal Highway #202 Boca Raton, Florida 33487  Joseph Anthony Dominguez, Vice President	Name and Title: Address:  Name and Title:			, , , , , , , , , , , , , , , , , , ,
Name and Tit Address	Christopher Dunham, President 7999 North Federal Highway #202 Boca Raton, Florida 33487	Name and Title: Address:			, , , , , , , , , , , , , , , , , , ,
Name and Tit Address  Name and Title Address	Christopher Dunham, President 7999 North Federal Highway #202 Boca Raton, Florida 33487  Joseph Anthony Dominguez, Vice President 7999 North Federal Highway #202	Name and Title:  Address:  Name and Title:  Address:  Name and Title:	•	n c	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\

Name and Title:		Name and Title:		
Address		Address:		
ARTICLE VI	REGISTERED AGENT			
The name and Fl	orida street address (P.O. Box NOT acceptable) of	the registered agent is:		
Name:	Christopher Dunham			
Address:	7999 North Federal Highway #202	. Es <b>3</b>		
	Boca Raton, Florida 33487	MAY 28		
ARTICLE VII	INCORPORATOR	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그		
The <u>name and ad</u>	dress of the Incorporator is:	÷ ± 26		
Name:	Christopher Dunham			
Address:	7999 North Federal Highway #202			
	Boca Raton, Florida 33487			
Having been nan this certificate, I o	ned as registered agent to accept service of process am fundiliar with and accept the appointment as region of the service of process and funding the service of the s	for the above stated corporation at the place designated in stered agent and agree to act in this capacity		
	Required Signature/Registered Agent	Date		
I submit this document to the	_	rue. I am aware that the false information submitted in a		