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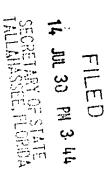
(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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COVER LETTER

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

SUBJECT: M. EDWARDS INSURANCE AGENCY INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:		
■ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED		
FROM: M	IARIANNE EDW	ARDS le (Printed or typed)			
57	724 NE 17TH A\			14 7	
FT. LAUDERDALE, FL 33334			IUL 30 PH	FILED	
<u>(9</u>	54)850-1009	Telephone number	구선 	3.44	<u> </u>

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

M.EDWARDSAGENCY@GMAIL.COM

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAM	en shall be: M. EDWARDS INS	SURANCE AGENCY INC
	ICIPAL OFFICE	ن آن
i	Principal street address	Mailing address, if different is:
MARIANNE E	DWARDS	
5724 NE 17TH	AVENUE	
FT.LAUDERD	ALE, FL 33334	
ARTICLE III PURE The purpose for which the	e corporation is organized is:	ID ALL LAWFUL BUSINESS
	National State of the State of	
Name and Title	MARIANNE EDWARDS, PRES	Name and Title:
Address	5724 NE 17TH AVENUE	Address:
	FT. LAUDERDALE, FL 33334	
Name and Title:		Name and Title:
Address		Address:
Name and Title:		Name and Title:
7 tour 0.5		

Name an	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of	the registered opent is:
Name:	MARIANNE EDWARDS	the registered agent is.
Address:	5724 NE 17TH AVENUE	
/ Ladi (MO)	FT. LAUDERDALE, FL 33334	
The name and action Name: Address:	INCORPORATOR Idress of the Incorporator is: MARIANNE EDWARDS 5724 NE 17TH AVENUE FT. LAUDERDALE, FL 33334	
this certificate. I	med as registered agent to accept service of process am familiar with and accept the appointment as reg	true. I am aware that the false information submitted in a

14 JUL 30 PH 3. 44
SECRETARY OF STATE
TALLAHASSEE FILORIA