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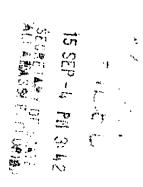
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## **COVER LETTER**

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

SUBJECT:		INC INSUR		•	
(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 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 PY REQUIRED		
FROM: A Spire Insurance Inc.  Name (Printed or typed)					
2253 Green Hedges Way. Suite 101					
Wesley Chapel FL 33544 City, State & Zip 813-436-3500.					
Phil & Aspire Florida . Com.					

 $\label{eq:NOTE:Please provide the original and one copy of the articles.}$ 

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

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

The name of the corporat	ion shar be.		
ARTICLEII PRINC 2253 Grad Westay C	Principal street address  Huys Way Sutulat  hapet FL 33544	iling address, if diff	ferent is:
ARTICLE III PURPO The purpose for which the	ne corporation is organized is:  Any and all  Florido.	Lawful	bus:nesc
		· · · · · · · · · · · · · · · · · · ·	<del> </del>
The number of shares of	Stock is: IV OOO		
ARTICLE IV SHARE The number of shares of share and Title	LOFFICERS AND/OR DIRECTORS  A Spire Insurance Its Name and Title:	<del>Pres</del> .	
The number of shares of a	LOFFICERS AND/OR DIRECTORS  A Spire Insurance Iro Name and Title:  2253 Green Hulze wy Address:	<del>Pres</del> .	
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The number of shares of sh	LOFFICERS AND/OR DIRECTORS  A Spire Insurance Ind Name and Title:  2253 Green Hulze Wyddress:  Suite 101  Wesley Chapet FL 33544  Phil Suhepens: VP Name and Title:		15 STP
The number of shares of sh	LOFFICERS AND/OR DIRECTORS  A Spire Insurance Iro Name and Title:  2253 Green Hulze w Address:  Suite 101  Wesley Chapet FL 33544  Phil Suhepens - VP Name and Title:  2253 Green Hulze w Address:		15 S P -
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Name and Title:	Name and Title:
Address	Address:
	<u> </u>
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NO	
Name: Phil Suheyons	
Address: 2253 Grun	Hulges Way Suite 101
wesly Chapu	Hulzus May Surta 101 1 FL 33544
1 1	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Phil Schy	een Hulzes Way Surta 101 rapel FL 33544
Address: 2253 Gr	een Hulzes Way Suite 101
wesley ch	ingel FL 33544
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:  (If an effective date is listed, the date must be spe	-2 - 20   5. (OPTIONAL) cific and cannot be more than five business days prior or 90 business
days after the filing.)	· · · · · · · · · · · · · · · · · · ·
Note: If the date inserted in this block does not mee the document's effective date on the Department of S	t the applicable statutory filing requirements, this date will not be listed as State's records.
	ervice of process for the above stated corporation at the place designated in pointment as registered agent and agree to act in this capacity
	9-2-15
Required Signature/Regist	ered Agent Date
I submit this document and affirm that the facts sto document to the Department of State constitutes a th	ated herein are true. I am aware that the false information submitted in a
A	_
	9-2-15
Required Signature/Incorporator	Date