Electronic Articles of Incorporation For

P17000027980 FILED March 27, 2017 Sec. Of State ndmccleessam

NATIONAL LIFE AND HEALTH INSURANCE INC.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

NATIONAL LIFE AND HEALTH INSURANCE INC.

Article II

The principal place of business address:

275 NORTH SHADEAVENUE SUITE 105 SARASOTA, FL. 34237

The mailing address of the corporation is:

7887 NORTH LA CHOLLA BLVD SUITE 1153 TUCSON, AZ. 85741

Article III

The purpose for which this corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

Article IV

The number of shares the corporation is authorized to issue is: 50,000

Article V

The name and Florida street address of the registered agent is:

JAMES A CULMONE 275 NORTH SHADE AVENUE 105 SARASOTA, FL. 34237

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: JAMES CULMONE

Article VI

The name and address of the incorporator is:

JAMES CULMONE 7887 NOTH LA CHOLLA BLVD 1153 TUCSON,AZ,85741

Electronic Signature of Incorporator: JAMES CULMONE

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P
JAMES A CULMONE
7887 NORTH LA CHOLLA BLVD
TUCSON, AZ. 85741

Title: VP PAMELA A CULMONE 7887 NORTH LA CHOLLA BLVD TUCSON, AZ. 85741

Title: TRES TIMOTHY R KEAR 275 NORTH SHADEAVENUE SARASOTA, FL. 34237

Article VIII

The effective date for this corporation shall be:

03/25/2017

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