

**Electronic Articles of Incorporation
For**

P18000095990
FILED
October 11, 2018
Sec. Of State
kbrumbley

AMERICAN MUTUAL INSURANCE CO.

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:

AMERICAN MUTUAL INSURANCE CO.

Article II

The principal place of business address:

16114 ARMISTEAD LN
ODESSA, FL. US 33556

The mailing address of the corporation is:

16114 ARMISTEAD LN
ODESSA, FL. US 33556

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:

200

Article V

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

LEGALCORP SOLUTIONS, LLC
3440 W HOLLYWOOD BLVD. SUITE 415
HOLLYWOOD, FL. 33021

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

Registered Agent Signature: TRAVIS CRABTREE, OBO LEGALCORP SOLUTIONS

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Article VI

The name and address of the incorporator is:

SONIA BECERRA
1000 N WEST STREET
SUITE 1200
WILMINGTON, DE 19801

Electronic Signature of Incorporator: SONIA BECERRA

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
MICHELLE STEPHENSON
16114 ARMISTEAD LN
ODESSA, FL. 33556 US

Title: TRE
AUSTIN ARNEL
16114 ARMISTEAD LN
ODESSA, FL. 33556 US

Title: SEC
AUSTIN ARNEL
16114 ARMISTEAD LN
ODESSA, FL. 33556 US

Title: DIR
MICHELLE STEPHENSON
16114 ARMISTEAD LN
ODESSA, FL. 33556 US

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CHIEF FINANCIAL OFFICER
JIMMY PATRONIS
STATE OF FLORIDA

LETTER OF CERTIFICATION

11/15/2018

AMERICAN MUTUAL INSURANCE CO
16114 ARMISTEAD LN
ODESSA FL 33556

Re: AMERICAN MUTUAL INSURANCE CO
License Number: L103907

The above named currently holds a license for the following line(s) of insurance:

- **Licensee:** 21-05 AGENCY LICENSE(LIC. # L103907)
Issued: 11/14/2018
Appointed? No

This license does not require continuing education.

The licensee has qualified for the above line(s) of insurance by examination, designation, or experience.

No person may act as, advertise, or hold himself or herself out to be an insurance agent or adjuster unless he or she is currently licensed by the department and appointed by an appropriate appointing entity or person.

An insurance agency location can only transact insurance in the lines of business that its agents are licensed and appointed to transact.

END OF LETTER

NO FURTHER LICENSE INFORMATION SHALL APPEAR BELOW THIS LINE