

**Electronic Articles of Incorporation
For**

P21000052452
FILED
June 03, 2021
Sec. Of State
dlokeefe

ALL COVERAGE INSURANCE SOLUTIONS, 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:

ALL COVERAGE INSURANCE SOLUTIONS, INC

Article II

The principal place of business address:

7952-1 NORMANDY BLVD
JACKSONVILLE, FL. 32221

The mailing address of the corporation is:

7952-1 NORMANDY BLVD
JACKSONVILLE, FL. 32221

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:

100

Article V

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

HEIDI L BROWN
7952-1 NORMANDY BLVD
JACKSONVILLE, FL. 32221

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

Registered Agent Signature: HEIDI L BROWN

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Article VI

The name and address of the incorporator is:

HEIDI L BROWN
7952-1 NORMANDY BLVD

JACKSONVILLE, FL 32221

Electronic Signature of Incorporator: HEIDI L BROWN

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
CHRISTINE M FEAGLE
7952-1 NORMANDY BLVD
JACKSONVILLE, FL. 32221

Title: VP
HEIDI L BROWN
7952-1 NORMANDY BLVD
JACKSONVILLE, FL. 32221

Article VIII

The effective date for this corporation shall be:

06/03/2021