

P95000022586

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

SUBJECT: ALLEN & ASSOCIATES INSURANCE AND FINANCIAL SERVICES, INC.

ENCLOSED IS AN ORIGINAL AND ONE (1) COPY OF THE ARTICLES OF  
INCORPORATION AND OUR CHECK FOR \$122.50.

FROM: PABLO J. SANTOS  
LA MIRADA PLAZA  
3501 W. VINE STREET, SUITE 280  
KISSIMMEE, FLORIDA 34741  
(407) 846-3008

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Dmc  
3/21/95

FILED  
95 MAR 21 11:11 AM  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF  
ALLEN & ASSOCIATES INSURANCE AND FINANCIAL SERVICES, INC.

FILED  
95 MAR 21 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

THE UNDERSIGNED INCORPORATOR, FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPTS, THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE: ALLEN & ASSOCIATES INSURANCE AND FINANCIAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

1712 LAKE ROBERTS COURT  
WINDERMERE, FLORIDA 34786

ARTICLE III CAPITAL STOCKS

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:  
10,000 AT .10 \$ PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

CYNTHIA L. KOLAR  
1712 LAKE ROBERTS COURT  
WINDERMERE, FLORIDA 347486

ARTICLE V INCORPORATORS

THE NAME AND STREET ADDRESSES OF THE INCORPORATORS TO THESE ARTICLES OF INCORPORATION ARE:

CYNTHIA L. KOLAR  
1712 LAKE ROBERTS COURT  
WINDERMERE, FLORIDA 34786

THE UNDERSIGNED INCORPORATORS HAVE EXECUTED THESE ARTICLE OF INCORPORATION THIS 14th DAY OF MARCH OF 1995.

Cynthia L. Kolar

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

FILED

95 MAR 21 AM 11:14

PURSUANT TO THE PROVISIONS OF SECTIONS 667.0501 OR 617.0501, STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS: ALLEN & ASSOCIATES INSURANCE AND FINANCIAL SERVICES, INC.
2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

CYNTHIA L. KOLAR  
1712 LAKE ROBERT'S COURT  
WINDERMERE, FLORIDA 34786

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE: Cynthia L. Kolar  
DATE: March 14, 1995