

995000027683

D.S. Reck & Co.
3170 N. Federal Hwy. # 116
Pompano Beach, FL. 33064
(305)943-0474

March 31, 1995

Corporate Records Bureau
Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, FL 32301

Re: Roger Acham Insurance Agency, Inc.

11000011 44 7441
04/05/95 - 01003 - 001
*****70.00 *****70.00

Gentlemen:

Enclosed for filing please find, in duplicate, the Articles of Incorporation for the above-referenced corporation, together with our check in the amount of \$70.00 representing the following:

Filing fees	\$35.00
Registered Agent Designation	35.00
	<hr/>
	\$ 70.00

I would appreciate your recording this corporation and returning same to our office at your earliest convenience.

Yours very truly,

Dianne K. Hart
Dianne K. Hart

Enclosures

B. REGASTER APR 7 1995

off

FILED
95 APR -4 AM 10:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Articles of Incorporation
of
ROGER ACHAM INSURANCE AGENCY, INC.

FILED
55 APR -6 AM 10:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned incorporator(s) for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:
ROGER ACHAM INSURANCE AGENCY, INC.

The principal place of business of this corporation shall be:

2240 WOOLBRIGHT ROAD SUITE 205
BOYNTON BEACH, FL. 33426

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

1000 shares at \$1.00 Par Value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

ROGER A. ACHAM

7095 DAVIT CIRCLE
LAKE WORTH, FL. 33467

Pres.

WENDY P. ACHAM

7095 DAVIT CIRCLE
LAKE WORTH, FL. 33467

V.Pres./Sec.

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the Incorporator(s) to these articles of incorporation is (are):

ROGER A. ACHAM



7095 DAVIT CIRCLE
LAKE WORTH, FL. 33467

WENDY P. ACHAM

7095 DAVIT CIRCLE
LAKE WORTH, FL. 33467

IN WITNESS WHEREOF, the undersigned incorporator(s) have executed these Articles of Incorporation this 31 day of March, 1995.

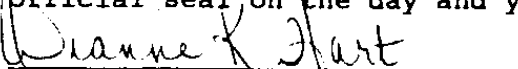
Signature(s) of Incorporator(s)

**STATE OF FLORIDA
COUNTY OF BROWARD**

I HEREBY CERTIFY that on this 31 day of March, 1995 personally came and appeared before me, the undersigned authority, Roger A. Acham and Wendy P. Acham to me well known (or who produced Florida Drivers' License No. _____ n/a _____) to be the persons described in and who acknowledges to me that they executed the foregoing Certificate of Incorporation as their free and voluntary act and deed for the uses and purposes expressed therein.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal on the day and year above written.



Notary Public DIANNE K. HART
My Commission Expires Aug. 10, 1998
Commission # CC399603

**CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida 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: Roger Acham Insurance Agency, Inc.
2. The name and address of the registered agent and office is:

Roger A. Acham
7095 Davit Circle
Lake Worth, Fl. 33064

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.



Signature

FILED
95 APR -4 PM 10 02
SECRETARY OF STATE
TALLAHASSEE FLORIDA