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TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

500001501385

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-05/30/95--01041--010
****122.50 ****122.50

SUBJECT: The Associated Insurance &
(Proposed corporate name - must include suffix)
Consulting Agency, Inc.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

Jennifer Howe

Name (printed or typed)

5507 Alhambra Dr.

Address

Orlando Fla 32808

City, State & Zip

407-295-5900

Daytime Telephone number

FILED
MAY 30 PM 1:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

*The Associated Insurance & Consulting
Agency, Inc.*

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

*5507 Alhambra Dr.
Orlando, Fla. 32808*

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MAY 30 PM 1:43

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jennifer Howe

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Jennifer Howe
5507 Alhambra Dr.
Orlando, Fla 32808

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

_____ day of 5-20, 19 95.



Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:

The Associated Insurance &
Consulting Agency, Inc.

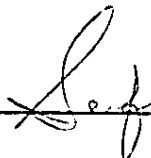
2. The name and address of the registered agent and office is:

Jennifer Howe
(NAME)

5507 Alhambra Dr.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Orlando, Fla. 32808
(CITY/STATE/ZIP)

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)

5-20-95
(DATE)

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DIVISION OF CORPORATIONS