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REFERENCE : 671854 91054A	
AUTHORIZATION: Tatucia Typict	<u>-</u>
COST LIHIT : \$ 70.00	
ORDER DATE: August 30, 1995	
ORDER TIME : 12:21 PM	
ORDER NO. : 671854	
CUSTOMER NO: 91054A	
CUSTOMER: Mr. William F. Vivori ADAMS & COMPANY	400001573824
2141 Main Street, Suite P	
Dunedin, FL 34698	
DOMESTIC FILING	
NAME: ADAMS INSURANCE SERVICES, INC.	es Ca
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ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	( ) ( )
CERTIFIED COPY XX PLAIN STAMPED COPY	

EXAMINER'S INITIALS:

PLAIN STAMPED COPY

CONTACT PERSON: Donna Kendrick

CERTIFICATE OF GOOD STANDING

#### ARTICLES OF INCORPORATION

OF

#### ADAMS INSURANCE SERVICES, INC.

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

#### ARTICLE I. NAME

The name of the corporation shall be:

ADAMS INSURANCE SERVICES, INC.

The address of the principal office of this corporation shall be 2141 Main Street, Suite P, Dunedin, FL 34698 and the mailing address of the corporation shall be 2141 Main Street, Suite P, Dunedin, FL 34698.

#### ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in 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 maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 50 shares of common stock naving a par value of \$1.

# ARTICLE IV. ADDRESS

The street address of the initial registered office of the corporation shall be 30 Lakeview Court, Palm Harbor, FL 34683 and the name of the registered agent of the corporation at that address is William F. Vivori.

#### ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

## ARTICLE VI, INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

William F. Vivori 30 Lakeview Court Palm Harbor, FL 34683

IN WITNESS WHEREOF, the undersigned Incorporator, has hereunto set his hand and seal, on this 2.6% day of  $n_{equal}$  /1916.

Incorporator, William F. Vivori

The name and address of the registered agent for Adams Insurance Services, Inc. is:

William F. Vivori 30 Lakeview Court Palm Harbor, FL 34683

and is familiar with, and accepts responsibility as registered agent.

Dated Acquad 18 1995

William F. Vivori

Registered Agent

0000067209 2141 Mara Street, Sufte P Dunedin, FL 34698 50 0000002332350756---2 -10/20/97--01072--004 +++++35.00 +++++35.00 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) □ walk in Pick up time Certified Copy Mail out ☐ Will wait Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** 

(	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

Profit

Other

NonProfit

Limited Liability

Domestication

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
 Reinstatement
 Trademark
Other

Amendment

Merger

Resignation of R.A., Officer/ Director

Change of Registered Agent

Dissolution/Withdrawal

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Examiner's Initials	1
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# AKTICLES OF DISSOLUTION

the following 5

Pursuant to section 607.1403, Florida Statutes, this corporation submits the following articles of dissolution:

FIRST:	The name of the corporation is: ADAMS INSURANCE SERVICES, INC.
	ARTICLES OF INCORPORATION DOCUMENT NUMBER 195000017209
SECOND:	The date dissolution was authorized: OCTOBER 15, 1997
THIRD:	Adoption of Dissolution (check one)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	Dissolution was approved by vote of the shareholders through voting groups.
	[The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
	"The number of votes east for dissolution was sufficient for approval by the holders of common stock."]  (voting group)
Sign	ed this 15th day of OCTOBER , 19 97
	Signature  By the Chairman or Vice Chairman of the Board, President, or other officer)
	WILLIAM F. VIVORI
	(Typed or printed name)
	SECRETARY
	(Title)