TRANSMITTAL LETTER

P95000074084

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

SUBJECT: Robert A Schwartz, P.A.

(Proposed corporate name – must include suffix)

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

[X] **$70.00**
Filing Fee

[ ] **$78.75**
Filing Fee
& Certificate

[ ] **$122.50**
Filing Fee
& Certified Copy

[ ] **$131.25**
Filing Fee,
Certified Copy
& Certificate

Please return the photocopy to me with the filing date stamped on it.

300000159238
-03/25/95--01037--004
*****70.00   *****70.00

FROM: Robert A. Schwartz

Name (printed or typed)

1860 Fox Bay Dr

Address

Melbourne FL 32934

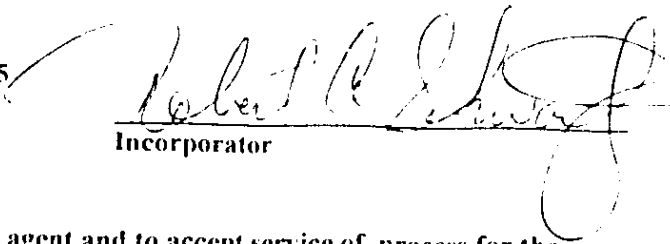City, State & Zip

407 - 951 8000

Daytime Telephone Number

Articles of Incorporation
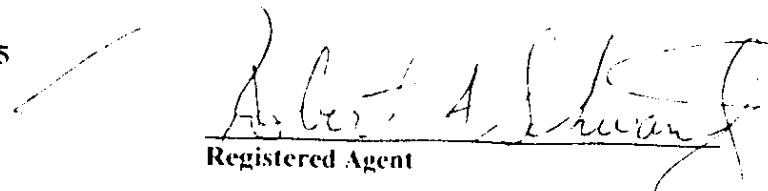## *Professional Association*

1. The name of the corporation shall be: Robert A. Schwantz, P.A.

2. The purpose for which this corporation is organized is, serving the general public in the capacity of Life, Health, and Annuity Insurance agent.

3. The principal place of business and mailing address of the corporation is: 1860 Fox Bay Drive, Melbourne F.L. 32934

4. The corporation shall have the authority to issue 1,000 shares of common stock, in one class only, each with a par value of $10.00.

5. The registered agent of the corporation is Robert A. Schwantz, and the registered street address is 1860 Fox Bay Drive, Melbourne, Florida 32934.

6. The initial Board of Directors shall have 1 member(s) whose name(s) and address(es) is / are as follows: Robert A. Schwantz, 1860 Fox Bay Drive, Melbourne, Florida 32934.
    The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

7. The incorporator of this corporation is Robert A. Schwantz whose street address is 1860 Fox Bay Drive Melbourne, Florida 32934.

Dated September 20, 1995

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Incorporator

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 am familiar with and accept the obligations of my position as registered agent.

Dated September 20, 1995

_____
Registered Agent