P9600005053
TRANSMITTAL LETTER

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



SUBJECT:	DESSI	INSUN ANCE	HGENCY	TNC
	(Proposed co	porate name - must include a	suffix)	
Enclosed is an e	original and one	(1) copy of the articles	of incorporation	and a check
for:	-			_
\$70.0	00 [_] \$78.7	⁷⁵ [_] \$122.50	\$131.25	
Filing Fo			Filing Fee,	
	& Certifica	ate & Certified Copy	Certified Copy & Certificate	′
		Additional Co	py Required	
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			32308	
		City, State & Zip		94
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NOTE: Please provide the original and one copy of the articles.



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

> ARTICLEI NAME

The name of the corporation shall be:

INSUANCE AGENCY INC. Te23G

> ARTICLE PRINCIPAL OFFICE

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

2941 KURNY FOREST PKY TALLAHASSES FL. 32308

> ARTICLE III **SHARES**

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

2141 KERRY FOREST PRY JIM DESSI

TAILAHASSEL, FL. 32308

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): DESSE ENSURANCE AGENCY INC. 2941 KERRY FOREST PRY TAMPHASSES, FL. 32308 C/A

			as(have) executed these Articles of Incorporation this
17	_ day of _	JAN	, 19 <u>96</u> ,
	<u></u>	t	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:	DESSI	INSUAA	NCE AG	ENCY INC
2941 (P.O. Bo	, –	FONEST V	OKY WASSELF	SS JAN 17 PH 1: 07

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.

Jan de (SIGNATURE) (DATE)

P95000005053

CHANGE OF PRINCIPAL OFFICE/MAILING ADDRESS

Name of corporation	DESSI INSURANCE AGENCY INC.
Current Principal O	ffice/Mniling Address:
	2910 SERRY FOREST PISMY Sorte DO
	TAHAHASSEL, FL. 32308
	2941 HEARY FOREST PKMY, TAIL FL 32308
Address to Which Pr	incipal Office/Mailing Address is to be Changed to:
	2910 KERRY FOREST Phwy- Suite 02
•	TAILAHASSEE, FL. 32308
	A
	_ In der
	OFFICER'S/DIRECTOR'S SIGNATURE
	Jim Dessi
	0 7
	OFFICER'S/DIRECTOR'S NAME (PLEASE PRINT)
	DATE 00

95/14